



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

June 2008

National Provider Identifier (NPI) Implemented May 24, 2008!

NPI is Now! Are You Using It?

May 24, 2008, Idaho Medicaid began processing all standard electronic transactions for health care providers with the NPI submitted on the claim, per federal law. Are you using your NPI on your electronic claims?

All health care providers must use their NPI to identify themselves on electronic claims. Payers, such as Idaho Medicaid, are required to adjudicate electronic claims using only the NPI. **What does this mean for you?** When your electronic claim is submitted to Idaho Medicaid, the NPI is used to locate the legacy Idaho Medicaid provider number that is used to adjudicate the claim. To adjudicate the claim, the submitted NPI must ultimately link to **only one** Idaho Medicaid provider number. This is accomplished by matching the following claim information:

- Electronic claim type – Professional, Dental, Institutional, or NCPDP
- NPI
- Taxonomy code
- Service location 9-digit zip code

Once the submitted NPI can be linked to one Idaho Medicaid provider number, the claim can be adjudicated. Idaho Medicaid continues to recommend that you send both your NPI and Idaho Medicaid provider number to ensure we can notify you of any claim denial caused by an NPI error. Please review your weekly paper Remittance Advice (RA) to track the status of submitted electronic claims.

Reconciling Your Weekly Paper Remittance Advice (RA) Against Your Submitted Claims

The following information is designed to help providers through the NPI implementation with the least number of claim errors and payment interruptions. This information will help you track each of your claims from submission to final adjudication.

Why should you reconcile your weekly paper RA against the electronic claims you submitted?

Electronic claims submitted with an **NPI only** that cannot be linked to a unique Idaho Medicaid provider number will not be found on your paper RA. When a unique Medicaid provider number is not found using the submitted NPI, the provider information needed to process the claim and notify the provider of the claim failure can't be found.

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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

How can you reconcile your paper RA against the electronic claims you submitted?

1. Track your claim submissions through the acceptance reports from your clearinghouse, or if you use PES from the acceptance report you requested after your claims submission.
2. Match the claims submitted to paid, denied, and pended claims on your paper RA.
Note: Pended claims are only shown on the paper RA if you requested that option at enrollment.

If you find missing claims during your claim reconciliation **or** your RA indicates a claim denial for one of the Explanation of Benefit (EOB) codes listed below, follow the listed steps to correct the claim information **before** you resubmit your claim.

As of RA date June 2, 2008, claims on your paper RA marked with an EOB code of 049, 050, 051, 052, 053, 054, 055, or 056 were denied. No payment can be issued for these claims until the claim information is corrected and the claim is resubmitted for consideration.

1. Make sure the NPI you sent on the claim is registered and linked to your legacy Idaho Medicaid billing provider number.
 - a. If not, go to the Idaho Medicaid NPI Registration Web page at: <https://npi.dhw.idaho.gov> to register and link the NPI.
2. Make sure the NPI you submitted on the claim is linked to an Idaho Medicaid provider number allowed to bill for this service.
 - a. If you need to correct how the NPI is linked, go to the NPI Registration Web page listed above and make the corrections.
3. Review your registration account to see if the NPI submitted on the claim is linked to more than one Medicaid number that submits the same type of claim.
 - a. If that is the case, review the claim to see if the appropriate taxonomy code was submitted on the claim in loop 2000A, segment PRV03 of the electronic transaction.
 - b. If not, the claim must be submitted with the appropriate taxonomy code relating to the billing provider type and specialty. Taxonomy codes can be found in the *Idaho Medicaid Provider Handbook, Appendix B*.
4. If the claim was submitted with a taxonomy code, review the Taxonomy Appendix in the *Medicaid Provider Handbook* to see if that taxonomy code is on the allowed list of codes accepted by Idaho Medicaid.
 - a. If the taxonomy code is not on the allowed list of codes, choose one from the list and update your software with the approved code.
5. If the claim submitted has NPI and taxonomy codes, review the NPI and make sure it is linked to the legacy Idaho Medicaid billing provider number on the claim.
 - a. If needed, go to the NPI Web page at: <https://npi.dhw.idaho.gov>, and confirm the link is correct.
 - b. Review the submitted taxonomy code to make sure it is the appropriate code for the provider type you are billing.
6. Some claims may require a 9-digit zip code and must match the 9-digit zip+4 code you entered when the NPI was registered on the Idaho Medicaid NPI Web page.
 - a. Go to the NPI Web page and review the zip code that was entered when the NPI was registered, and make sure it matches the zip code entered in your billing system.
 - b. Make corrections as needed.

DHW Contact Information

◆ **DHW Web site**
www.healthandwelfare.
idaho.gov

◆ **Idaho Careline**
2-1-1
Toll free: (800) 926-2588

◆ **Medicaid Fraud and Program Integrity Unit**
PO Box 83720
Boise, ID 83720-0036
Fax: (208) 334-2026
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
(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

Prior Authorization Contact Information

◆ **DME Specialist, Medical Care**
PO Box 83720
Boise, ID 83720-0036
Phone: (866) 205-7403
Fax: (800) 352-6044
(Attn: DME Specialist)

◆ **Pharmacy**
PO Box 83720
Boise, ID 83720-0036
Phone: (866) 827-9967
(208) 364-1829
Fax: (208) 364-1864

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

www.qualishealth.org/idaho/medicaid.htm

Transportation

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

◆ **Other Non-emergent and Out-of-State**
Phone: (800) 296-0509, #1173
(208) 287-1173
Fax: (800) 296-0513
(208) 334-4979

◆ **Ambulance Review**
Phone: (800) 362-7648
(208) 287-1157
Fax: (800) 359-2236
(208) 334-5242

Insurance Verification

◆ **HMS**
PO Box 2894
Boise, ID 83701
Phone: (800) 873-5875
(208) 375-1132
Fax: (208) 375-1134

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7. If the claim submitted has an NPI that is linked to two or more Medicaid numbers with the same provider type, specialty, and 9-digit zip code, you must change the registered 9-digit zip code so it is unique for each Medicaid provider number.
 - a. Review the NPI on the claim to make sure it is the correct NPI for the billing provider.
 - b. Go to the NPI Web page to confirm all links for this NPI are correct.
 - c. While in the NPI Web page, review and update the zip+4 codes and make sure they are unique for each service location and provider number.
 - d. Review the taxonomy code. The list of taxonomy codes accepted by Idaho Medicaid can be found in Appendix B of the *Idaho Medicaid Provider Handbook*.
 - e. Make corrections as needed.
8. Review the claim to make sure an NPI was submitted.
 - a. If an NPI was not submitted on your claim and you have an NPI for the listed billing provider, go to the NPI Web page and make sure the NPI is registered and linked appropriately.
 - b. Work with your software vendor to get the NPI entered into your billing system so that your electronic transactions are submitted with the required NPI.
 - c. If you do not have an NPI for the billing provider, you will need to apply for an NPI. A link to the NPI application Web page can be found at:
<https://npi.dhw.idaho.gov>.

If you complete each of the steps listed above and still cannot determine why the claims you submitted are not on your RA or why the claims listed on your RA have been denied, you can contact your regional provider relations consultant (PRC) for additional help. Contact information for your regional PRC can be found in the *Idaho Medicaid Provider Handbook* or in the sidebar on page 5 of this newsletter. You can also email your questions and concerns to the NPI Helpdesk at: **NPIHD@dhw.idaho.gov**. NPI information can also be found at: **<https://npi.dhw.idaho.gov>**, by clicking on the *NPI Registration Instructions* link on the left side of the page.

Still not sure what an NPI is and how you can get it, share it, and use it? More information on the NPI can be found on the Centers for Medicaid and Medicare Services (CMS) Web site, CMS NPI page at: **www.cms.hhs.gov/NationalProvidentStand**. Providers can apply for an NPI online at: **<https://nppes.cms.hhs.gov>**, or call the NPI enumerator at: (800) 465-3203, to request a paper application.

Reading Your Weekly Remittance Advice (RA)

Are you getting national provider identifier (NPI) Explanation of Benefit (EOB) denial messages on your paper RA? The paper RA has lots of information that can help you correct your claim information **before** you resubmit the claim.

RA Header

The NPI is displayed in the header portion of the paper RA as follows:

- If the Medicaid provider number used to process the claim is linked to a single NPI in the registration process, the NPI that is linked to the Medicaid provider number **on the date** the RA is produced will be displayed to the right of the Medicaid provider number.
- If the Medicaid provider number used to process the claim is linked to two or more NPIs, one of those NPIs, followed by an asterisk (*), will be displayed to the right of the Medicaid provider number. The asterisk indicates that there are multiple NPI numbers, but not all are displayed. When there is more than one NPI number linked to the Medicaid provider number, the NPI displayed on the RA will be the **lowest number** NPI linked to the Medicaid provider number.
- If the Medicaid provider number used to process the claim is **not** linked to an NPI, no NPI will be displayed in the header.

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RA Claim Detail Section

Even if the NPI is not registered with Idaho Medicaid, the claim detail section displays the NPI submitted on the claim. The submitted NPI is displayed to the left of the internal control number (ICN). This allows you to view the NPI number that you submitted with the Medicaid provider number. If no NPI is submitted on the claim, no NPI is displayed on the claim detail.

Need Help?

Billing questions, problems, or questions regarding how to link your NPI in unique situations, or to multiple Medicaid numbers, etc. can be handled through the regional PRC. Contact information for the provider relations consultants can be found in the *Medicaid Provider Handbook* or in the sidebar on page 5. You can get help with NPI registration problems or questions by calling: (800) 685-3757, and asking for *Provider Enrollment*.

June 1, 2008

MEDICAID INFORMATION RELEASE MA08-10

To: All School District Providers, Charter School Administrators, Directors of Special Education, Transportation Providers

From: Leslie M. Clement, Administrator
Division of Medicaid

Subject: CMS Final Rule Regarding School-Based Transportation

Schools must be in compliance with CMS final rule regarding School-Based Transportation (CMS-2287-F) effective July 1, 2008. Federal Medicaid payments will no longer be available for school-age children who are transported from home to school or from school to home. The final rule will continue to reimburse transportation costs related to school-aged children who are transported from school or home to a non-school-based direct medical service provider that bills under the Medicaid Program, and from the non-school-based provider to school or home.

Transportation services and procedure codes affected by this change are:

Service	HCPCS	Description
Transportation Attendant Rate	T2001	Non-emergency transportation, patient attendant/escort.
Transportation Mileage Rate	A0080	Non-emergency transportation, vehicle provided by volunteer with no vested interest.

You can also access this information release electronically on the Department of Health and Welfare Web site at: <http://www.healthandwelfare.idaho.gov>.

Please direct any questions regarding this information release to the School-Based Services, Program Specialist in the Division of Medicaid at: (208) 364-1903.

LMC/pg

EDS Contact Information

◆ **MAVIS**
Phone: (800) 685-3757
(208) 383-4310

◆ **EDS Correspondence**
PO Box 23
Boise, ID 83707

◆ **Medicaid Claims**
PO Box 23
Boise, ID 83707

◆ **PCS & ResHab Claims**
PO Box 83755
Boise, ID 83707

EDS Fax Numbers

◆ **Provider Enrollment**
(208) 395-2198

◆ **Provider Services**
(208) 395-2072

◆ **Participant Assistance Line**
Toll free: (888) 239-8463

Provider Relations Consultant Contact Information

◆ Region 1

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

◆ Region 2

Darlene Wilkinson
1118 F Street
PO Drawer B
Lewiston, ID 83501
Phone: (208) 799-4350
Fax: (208) 799-5167
EDSPRC-Region2@eds.com

◆ Region 3

Mary Jeffries
3402 Franklin
Caldwell, ID 83605
Phone: (208) 455-7162
Fax: (208) 454-7625
EDSPRC-Region3@eds.com

◆ Region 4

Angela Applegate
1720 Westgate Drive, # A
Boise, ID 83704
Phone: (208) 334-0842
Fax: (208) 334-0953
EDSPRC-Region4@eds.com

◆ Region 5

TBD
601 Poleline, Suite 3
Twin Falls, ID 83303
Phone: (208) 736-2143
Fax: (208) 678-1263
EDSPRC-Region5@eds.com

◆ Region 6

Abbey Durfee
1070 Hiline Road
Pocatello, ID 83201
Phone: (208) 239-6268
Fax: (208) 239-6269
EDSPRC-Region6@eds.com

◆ Region 7

Ellen Kiester
150 Shoup Avenue
Idaho Falls, ID 83402
Phone: (208) 528-5728
Fax: (208) 528-5756
EDSPRC-Region7@eds.com

Medicaid Mental Health and Substance Abuse Reform Project

The Office of Mental Health and Substance Abuse is embarking on a project to reform the Medicaid Mental Health and Substance Abuse Program in order to match benefits to participants' needs. This will ensure two things:

- Medicaid resources are appropriately used.
- Services delivered by qualified providers will increase opportunities for participants to achieve positive outcomes.

The project work includes incorporating evidence-based practices with demonstrated outcomes into the continuum of care available to Medicaid participants. In addition, benefits and provider network management will be more effective and efficient. The project will be implemented over the next three years using a phased approach.

Within the stakeholder group that is participating directly with the project in the first phase, there are work group members that represent:

- Division of Medicaid Central Office and Regional Mental Health
- Division of Behavioral Health
- Office of Consumer Affairs
- Board of Occupational Licensing
- Mental Health Providers Association as well as unaffiliated providers
- Governor's State Planning Council on Mental Health
- Mental Health Advocates and service recipients
- Family Therapy Clinicians
- Child Specialist Clinicians
- Adult Therapy Clinicians
- Researchers
- Idaho Psychological Association
- Psychiatry
- Primary Care Physicians
- National Alliance for the Mentally Ill
- Psychology and Psychometry
- Social Work
- Counseling
- Marriage and Family Therapy Association
- Providers who have successfully completed Medicaid credentialing
- Providers who are in the process of Medicaid credentialing
- Providers who have obtained accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF)

There are many stakeholders in the community who have expressed interest in the project. Interested stakeholders who would like to submit their thoughts, ideas, or opinions regarding the reform of the Medicaid Mental Health and Substance Abuse Program should contact one of the representatives listed on Page 6.

Continued on Page 6 (Mental Health & Substance Abuse Reform Project)

<u>Name</u>	<u>E-mail</u>
Pat Guidry	guidryp@dhw.idaho.gov
Scott Tiffany	tiffanyk@dhw.idaho.gov
Kelly Humphery	khumpherys@aol.com
Rick Huber	rick2727272000@yahoo.com
Greg Dickerson	GregMSW@aol.com
Martha Ekhoﬀ	mekhoﬀ@mtnstatesgroup.gor
Shawn Thurber	sthurber@thechildrenscenter.us
Nathaniel Williams	NWilliams@centerpointe.com
John and Martha Tanner	pust@srv.net
Philip Girling, MD	philipg@ida.net
Jack Wright	alexjack@imbris.net
Rae Ann Norell	Norellr@dhw.idaho.gov
Dalton Lombard	lombardd@dhw.idaho.gov
Kurt Lyles	lylesk@dhw.idaho.gov
Tami Jones	tami_jones@qwest.net
John Christensen	DRCHRISTENSEN@qwestoffice.net
Greg Dunkley	grdunkley@hotmail.com
Jackie Thompson	thompsj2@dwh.idaho.gov
Joe Brunson	brunsonj@dhw.idaho.gov
Michelle Scoville-Dorman	scovillm@dhw.idaho.gov
Lee Barton	leebarton@qwest.net

Medicaid staff and other stakeholders understand that a clearly conceptualized and well developed mental health program should coordinate essential services. These services should ensure that treatment and care is delivered to those in need by qualified professionals. At the same time, these services should prevent fragmentation and demonstrate effectiveness and efficiency in the health system. As we work to achieve this end, we appreciate your input into the reform project.

Correction!

Psychotherapy Service Providers

Effective February 1, 2008, the individual psychotherapy insight oriented service codes listed below **do not** need to be billed with a UA modifier. For these codes, the price on file is the physician fee schedule price. Mid-level providers will be paid 85 percent of the price on file.

90805 – 20-30 minutes individual psychotherapy with Medical E/M services

90807 – 45-50 minutes individual psychotherapy with Medical E/M services

90809 – 75-80 minutes individual psychotherapy with Medical E/M services

Billing for Immunization Services

Use the following guidelines when billing for vaccines. For the vaccine administration charge, providers should bill their *Usual and Customary Rate* (not to exceed the cost of providing the service).

Vaccine Services Provided	Billing Instructions for Children (Free vaccine program is available for participants until their 19th birthday.)	Billing Instructions for Adults
<ul style="list-style-type: none"> Administration of free vaccine only. 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, use modifier SL with a zero dollar (\$0.00) amount. For administration, use the CPT code in the range of 90465 to 90474 that accurately reflects the administration of the vaccine(s). 	<ul style="list-style-type: none"> Not applicable – there is no free vaccine program for adults.
<ul style="list-style-type: none"> Administration of free vaccine. Evaluation and Management (E&M) visit (if there is a <i>significant</i>, separately identifiable service). 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, use modifier SL with a zero dollar (\$0.00) amount. For administration, use the CPT code in the range of 90465 to 90474 that accurately reflects the administration of the vaccine(s). For the E/M visit, use the appropriate CPT code with modifier 25. 	<ul style="list-style-type: none"> Not applicable – there is no free vaccine program for adults.
<ul style="list-style-type: none"> Administration of provider-purchased vaccine only. 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, bill without a modifier. For administration, use the CPT code in the range of 90465 to 90474 that accurately reflects the administration of the vaccine. 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, bill without a modifier. For administration, use the CPT code in the range of 90471 to 90474 that accurately reflects the administration of the vaccine.
<ul style="list-style-type: none"> Administration of provider-purchased vaccine. Evaluation and Management (E&M) visit (if there is a <i>significant</i> separately identifiable service). 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, bill without a modifier. For administration, use the CPT code in the range of 90465 to 90474 that accurately reflects the administration of the vaccine. For the E/M visit, use the appropriate CPT code with modifier 25, if applicable. 	Bill the appropriate CPT code: <ul style="list-style-type: none"> For vaccines, bill without a modifier. For administration, use the CPT code in the range of 90471 to 90474 that accurately reflects the administration of the vaccine. For the E/M visit, use the appropriate CPT code with modifier 25, if applicable.

Reporting Immunization Services

Idaho Medicaid strongly encourages providers to use the Immunization Reminder Information System (IRIS). By inputting your data into IRIS, you will help ensure that all children have a complete and accurate immunization record and reduce the chance of administering duplicate vaccines. You will also find a number of benefits available when you make sure all your immunization data is correctly reported in IRIS. These benefits include:

- Receiving fewer calls from schools and daycares when they are able to access the information in IRIS.
- Setting up electronic export of data which eliminates duplicate data entry.
- Using IRIS to send reminders to your clients when immunizations are due.
- Receiving a forecast for which immunizations are due and when.

If you have questions regarding this information, please call: (208) 364-1897.

Independent Therapy Providers

To improve access to therapy services, the Department of Health and Welfare worked with the therapy professional organizations and the Idaho legislature to develop rules that allow Idaho Medicaid to reimburse independent speech-language pathologists and occupational therapists.

Beginning June 1, 2008, Idaho Medicaid will reimburse independent occupational therapists and independent speech therapists that have enrolled as independent Idaho Medicaid providers. Enrollment in Medicaid requires Medicare certification. This requirement will be waived in two circumstances:

- Speech-language pathologists for whom there is no Medicare certification process.
 - Occupational therapists that plan to treat only pediatric participants, and do not expect to treat Medicare patients.
- Note:** Idaho Medicaid cannot reimburse a non-Medicare certified therapist for treatment of any Medicaid participant who is also covered by Medicare. Any therapist who cannot bill Medicare, must refer any Medicaid participant who is also covered by Medicare to a provider who is able to bill Medicare.

Providers can obtain more information on the Idaho Medicaid Web page for therapy services at:
<http://www.healthandwelfare.idaho.gov/site/4309/default.aspx>.

Attention Dental Providers Including Denturists: *Billing Crowns and Dentures with Correct Date of Service*

Some providers have indicated they routinely use the date impressions were done as the date of service when billing EDS for crowns and dentures. This is an incorrect billing practice. Medicaid considers the date of service to be the date the finished crown or denture was first inserted in the participant's mouth.

Medicaid allows one exception for providers: You may use the impression date as the date of service **only if** the finished crown or denture was inserted during a month that the participant was not eligible, but other work, including laboratory work, was completed during an eligible period. Medicaid's rule concerning prosthodontics can be found in *IDAPA 16.03.10.082.08*, accessible online at: <http://adm.idaho.gov/adminrules/rules/idapa16/0310.pdf>.

- This exception only applies to Medicaid Enhanced Plan participants.
- The Idaho Smiles dental insurance program for Basic Plan participants does not allow this date of service exception. Please call Idaho Smiles Customer Service at: (800) 936-0978, for more information.

Attention Orthodontic Providers Billing Idaho Smiles

Doral Dental now requires your patient's Treatment Plan and Malocclusion Score Sheet with your request for pre-authorization. If you have any questions, please contact Noah Lehman, your Idaho Smiles Provider Relations Representative in Boise at: (208) 286-3516. For specific Idaho Smiles claims questions please call Customer Service at: (800) 936-0978.

Attention Vision Service Providers

Idaho Medicaid has contracted with Barnett & Ramel (B&R) Optical, Inc. of Omaha, Nebraska, to provide optical supplies for Medicaid participants. Beginning July 1, 2008, only those orders placed with B&R Optical will be reimbursed by Idaho Medicaid. Providers can place orders by fax or through the B&R Web site.

- Fax: (800) 545-2693
- Web site: www.broptical.com
- Phone: (800) 228-9732

A free sample kit with 20 frames of your choice can be selected through the B&R Web site. If you have not requested a kit with frames by June 10, 2008, B&R Optical will send a pre-selected kit to all providers who currently dispense Medicaid glasses. Watch for additional details on your weekly remittance advice cover sheet throughout June.

Note: The last day to place an optical order through the current contractor, SWEEP Optical, is June 30, 2008.

If you have questions, contact the Medical Care Unit in Boise at: (208) 287-1177 or (208) 364-1835.

Date Spanning Clarification

Provider inquiries and inconsistencies in billing methods associated with date spanning indicate a need for further clarification. Using the information below will help you avoid billing incorrectly which may cause your claim to deny or pend needlessly. **Please note that as a rule, these instructions do not apply to physicians.**

Professional Claims (CMS-1500 claim form)

For personal care services and rehabilitation services, the dates of service billed on a single detail line must be within the Sunday through Saturday calendar week. **Consecutive** dates of service that fall in one calendar week (Sunday through Saturday) can be billed on one detail line.

When date spanning, services must have been provided for every day within that span.

For example, it is incorrect to date span the entire week when services were only performed on Wednesday and Friday.

Example:

Services provided to the participant on:

- Wednesday, January 16, 2008
- Friday, January 18, 2008

Enter each date on a separate line.

Date(s) of Service	Procedure Code	Charges
01/16/2008 – 01/16/2008	XXXX	\$XXX.XX
01/18/2008 – 01/18/2008	XXXX	\$XXX.XX

Example:

Services are provided to the participant every day from Friday the 18th to Tuesday the 22nd. Enter the date of service Friday the 18th to Saturday the 19th on the first detail line; enter the date of service Sunday the 20th to Tuesday the 22nd on the second detail line.

Date(s) of Service	Procedure Code	Charges
01/18/2008 – 01/19/2008	XXXX	\$XXX.XX
01/20/2008 – 01/22/2008	XXXX	\$XXX.XX

Institutional Claims (UB-04 claim form)

In field 6, From and Through dates should only span the first and last date entered in the detail. Dates of service do not have to be consecutive, but should not exceed the dates in the detail.

Correct Example:

Outpatient services provided on:

- March 3, 2008
- March 5, 2008
- March 7, 2008

6 STATEMENT COVERS PERIOD FROM	THROUGH
03/03/2008	03/07/2008

42 REV. CD	45 SERV. DATE	46 SERV UNITS	47 TOTAL CHARGES
450	03/03/2008	1	\$XXX.XX
450	03/05/2008	1	\$XXX.XX
450	03/07/2008	1	\$XXX.XX

Continued on Page 10 (Date Spanning)

Incorrect Example:

For the example above, **do not** bill the *statement covers period* for 03/01/2008 through 03/31/2008, only use the first date of service and the last date of service. At the detail level, **do not** bill the revenue code with three service units. The individual service dates must be in field 45. Billing multiple units on one line will be interpreted as multiple units for each date of service and may require justification.

Durable Medical Equipment (DME) Providers

DME Providers should use the date that disposable items were dispensed as the To and From dates and span actual dates used for rented items. Units billed for rentals depend on whether the item is rented by the day or the month. We appreciate your continued participation in the Medicaid Program. If you have questions concerning billing for these services, please call EDS toll-free at: (800) 685-3757, or in the Boise calling area at: 334-4310.

Mail Paper Claims for Efficient Handling

Paper claims arrive at EDS at a rate of about 18,000 per week. They are opened with a machine that slices the edge from the envelope. Mailroom workers manually extract the claims and attachments from the envelopes and prepare them for electronic scanning.

For the most efficient handling, please follow these instructions:

- Send claims to the following address:
**EDS
PO Box 23
Boise, ID 83707**
- When sending claims with attachments, place the attachments behind the corresponding claim form and stack them, without paper clips or staples, so that there is a claim and its attachments, then another claim and its attachments, another claim and its attachments, etc. placed in a pile.
- Do not use staples or paper clips - they must be removed for scanning.
- Do not fold the claim form. Folded claims can be torn or mutilated in the mail opening process.
- Use a large flat envelope (9" X 12" or larger) to send claims.
- Do not overstuff the envelope.

If correspondence is included with the claims, place it on the top of the claims and indicate, "Correspondence Enclosed" on the envelope so it will be handled appropriately.

You will find this information and more in *Section 2.2.2. General Billing Information*, in the *Idaho Medicaid Provider Handbook*.

Scheduled System Outage

EDS will be conducting system maintenance activities on Sunday, June 15, 2008. All systems will be unavailable during this maintenance. While no other interruptions are expected to extend outside of the timeline mentioned below, they are possible.

Medicaid Automated Voice Information Service (MAVIS), as well as interactive pharmacy claims and eligibility processing, will be unavailable during this outage. EDS regrets any inconvenience this might cause providers.

**Scheduled system outage hours:
Sunday, June 15, 2008
12:01 AM - 11:59 PM**

Medicaid Automated Voice Service (MAVIS) Keypad Shortcuts

If you cannot use MAVIS because you are in a loud office environment, have a soft speaking voice, or have a strong regional accent, you can use your telephone keypad to navigate through the menus.

To bypass the initial greeting and introduction and go directly to the main menu:

When you hear the MAVIS greeting, which starts with “*Good morning...*” or “*Good afternoon...*”, press 9.

To bypass the description of the main menu and go directly to a main menu option:

When you hear “*Main menu...*”, press a number that corresponds to an option below.

1. Client information
2. Claims information
3. Last check amount
4. Provider enrollment status
5. Mailing addresses
6. To switch to a different provider
7. To change the security code for the current provider

If you selected option 1 (client information) in the main menu, to bypass the description of the client information menu and go directly to a client information option:

When you hear “*What kind of...*”, press a number in the list below:

1. Eligibility or healthy connections information
2. Other insurance
3. Lock-in
4. Long-term care eligibility
5. Service limits
6. Prior authorization number

If you selected option 2 (claims information) in the main menu, to bypass the description of the claims information menu and go directly to a claims information option:

When you hear “*What kind of...*”, press a number in the list below:

1. Claim status
2. Procedure code coverage
3. National drug code coverage
4. Revenue code coverage
5. EOB message codes
6. Prior authorization number

Note: You cannot jump from the main menu to an option in the client or claims information menu. For example, if you want information on national drug code coverage and you press 3 as MAVIS begins to list the options in the main menu, MAVIS will go to last check amount not to national drug code coverage.

Note: You cannot use keypad shortcuts when you are in the help section, you must speak the option you want. For example, if you are in the help section and you want client information, say “*start over*” and you will return to the main menu. From the main menu, press 1 for client information and then press the appropriate number in the menu.

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Provider Electronic Software (PES) Passwords

If you use PES 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**

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 menu in PES.

- **Web 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 the Tools | Options menu. The Batch tab is for reference only; it should never be changed unless you are specifically instructed to do so by the EDI Helpdesk staff.

Note: When using the Web server method to submit batch or interactive transactions, it is recommended that you have a different logon ID and password on each computer that has the PES software installed.

If you require additional logon IDs, you can contact the EDI Helpdesk at: (800) 685-3757, and say *Technical Support*.

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