

## ASSISTANCE DIRECTORY

For additional information of assistance in the following areas, please contact the indicated office below:

### PROVIDER INQUIRIES

<b>Agent Authorization Form</b>	DHS/MQD/HCMB P.O. Box 700190 Kapolei, HI 96709-0190	692-8099
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<b>Centers for Medicare &amp; Medicaid (CMS)</b>	<a href="http://www.cms.gov/medicaid">www.cms.gov/medicaid</a>
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<b>Clinical Laboratory Improvement Amendments (CLIA) applications, enrollment and certification</b>	Department of Health CLIA Program 2725 Waimano Home Road Pearl City, HI 96782	453-6662
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<b>Claims Correspondence Inquiry Forms</b>	Conduent State Health Care Written Correspondence Provider Inquiry Unit PO BOX 1220 Honolulu, HI 96807-1220	Oahu: 952-5570  Neighbor Islands: 1-800-235-4378
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<b>Claim Forms (Printing):</b> (CMS) 1500	Rainbow Printers, Inc. 875 Waimanu St. Room 507 Honolulu, HI 96813	593-9782
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UB-04	Standard Register 737 Bishop Street, Suite 1850 Honolulu, HI 96813	536-9351
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DHS – Department of Human Services  
EB – Eligibility Branch  
FO – Finance Office

HCSB- Health Care Services Branch

PPDO – Policy & Program Development Office



**Claim Forms (Cont):**

ADA 1999 v. 2000

Rainbow Printers, Inc.  
875 Waimanu Street  
Room 507  
Honolulu, HI 96813

593-9782

Pharmacy (Drugs)

Conduent Health Management Solutions  
Attn: Claims Submission Help Desk:  
40 W Williamsburg Rd. Box #649  
Sandston, VA 23150

Help Desk:  
1-877-439-0803

Or

<https://medquest.hawaii.gov/en/plans-providers/pharmacy.html>

**Claims Filing (EMC):**

CMS 1500, UB-04

Conduent State Healthcare  
Claims  
P.O. BOX 1220  
Honolulu, HI 96807-1220

Oahu:  
952-5570  
Neighbor Islands:  
1-800-235-4378

Pharmacy (Drugs)

Conduent Health Management Solutions  
Attn: Claims Submission  
40 W Williamsburg Rd. Box #649  
Sandston, VA 23150

Help Desk:  
1-877-439-0803

**Claims Filing (Hard Copy Submission):**

CMS 1500. UB-04

Conduent State Healthcare  
Claims  
P.O. Box 1220  
Honolulu, HI 96807-1220

DHS – Department of Human Services  
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**Claim Filing (Hard Copy Submission) (cont.):**

Pharmacy (Drugs)	Conduent Health Management Solutions Prescription Benefits Management Attn: Claim Submission 40 W Williamsburg Rd. Box #649 Sandston, VA 23150	Help Desk: 1-877-439-0803
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**Claims Inquires:**

Medical	Conduent State Healthcare Provider Inquiry Unit Claim Inquiry Requests PO BOX 1220 Honolulu, HI 96807-1220	Oahu: 952-5570  Neighbor Islands: 1-800-235-4378
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Hours of Operation:  
Monday – Friday  
7:30 a.m. – 5:00 p.m.  
Except State Holidays

Dental	Hawaii Dental Services	Oahu: 1-808-529-9345 Toll Free: 1-855-819-9117
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Pharmacy (Drugs)	Conduent State Healthcare PBMS (Rx) Attn: Claims Submission 40 W Williamsburg Rd. Box #649 Sandston, VA 23150	Help Desk: 1-877-439-0803
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Or

<https://medquest.hawaii.gov/en/plans-providers/pharmacy.html>

<b>Coupon Request</b>	DHS/MQD/EB/Branch Unit/ Eligibility Worker	587-3540
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<b>Eligibility Determination Information</b>	DHS/MQD/EB/Branch Unit	587-3540
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<b>DHS Medicaid Online</b>	<a href="https://hiweb.statemedicaid.us">https://hiweb.statemedicaid.us</a>
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DHS – Department of Human Services	HCSB- Health Care Services Branch
EB – Eligibility Branch	
FO – Finance Office	PPDO – Policy & Program Development Office



**Eligibility Verification (cont.):**

Enrollment Call Center

DHS/MQD  
P.O. Box 700190  
Kapolei, HI 96709-0190

Oahu:  
524-3370

Neighbor Islands:  
1-800-316-8008

Point of Sale Systems

EMDEON EDI Customer Service  
(Pacific Standard Time: 5:00  
a.m. – 5:00p.m)

Voice:  
1-800-333-0263

Or Email at:  
customer.service@emdeon.com

Fax:  
1-615-843-2539

**State Administrative Hearing**

DHS/Administrative Appeals Office  
P.O. Box 339  
Honolulu, HI 96809-0339

**Fraud or Abuse Reporting**

DHS/FIS/FO  
1001 Kamokila Blvd. Rm. 317  
Kapolei, HI 96707  
Or

524-3370

Medicaid Investigation  
Division  
Department of Attorney General  
333 Queen Street, 10<sup>th</sup> Floor  
Honolulu, HI 96813

586-1058

**Hamamatsu PET Center**

The Queen's Medical Center

537-7077  
Fax: 537-7813

**Immunization Recommendations -  
National Immunization Program**

Centers for Disease Control:

[www.cdc.gov/nip](http://www.cdc.gov/nip)

DHS – Department of Human Services  
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<b>MQD Provider Hotline</b>	DHS/MQD/Provider Hotline	952-5570 1-800-235-4378
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Hours of Operation:  
Monday – Friday  
7:30 a.m. – 5:00 p.m.  
Except State Holidays

<b>Medicaid Fee (Payment) Schedule</b>	Conduent State Healthcare Provider Inquiry Unit PO BOX 1220 Honolulu, HI 96807-1220	Oahu: 952-5570  Neighbor Islands: 1-800-235-4378
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**Medical Authorizations (Medical):**

Instructions	Conduent State Healthcare Provider Inquiry Unit PO BOX 1220 Honolulu, HI 96807-1220	Oahu: 952-5570  Neighbor Islands: 1-800-235-4378
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Urgent or Conditional Authorization Requests	Conduent State Healthcare Provider Inquiry Unit PO BOX 1220 Honolulu, HI 96807-1220	Fax: 952-5562
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Dental Services	Hawaii Dental Services (HDS) 700 Bishop St. Ste. 750 Honolulu, HI 96813	Oahu: 1-800-529-9345
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1144 – Medical Services (including Organ Transplants)	Conduent State Healthcare P.O. Box 1220 Honolulu, HI 96807-1220	Fax: 952-5562
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DHS – Department of Human Services  
EB – Eligibility Branch  
FO – Finance Office

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**Medical Authorizations (Medical) - Cont.:**

1144 – PET Scans	The Queen’s Medical Center Hamamatsu PET Center	537-7077 Fax: 537-7813
1144b	Conduent State Healthcare PBMS (Rx) Attn: Hawaii EMC Billing 40 W Williamsburg Rd. Box #649 Sandston, VA 23150	Help Desk: 1-877-439-0803
208	Community Caser Mgmt. Corp. (CCMC) P.O. Box 2818 Aiea, HI 96801	792-1051 Fax: 792-1098 1-866-486-8031
1018	Conduent State Healthcare P.O. Box 1220 Honolulu, HI 96807-1220	Fax: 952-5562
1135	DHS/FMO/BPS P.O. Box 339 Honolulu, HI 96809-0339	
1147/1147a/1147e	Health Services Advisory Group (HSAG) 1440 Kapiolani Blvd. Ste. 1110 Honolulu, HI 96814-3600	Oahu: 808-440-6000 Fax: 808-440-6009

DHS – Department of Human Services  
EB – Eligibility Branch  
FO – Finance Office

HCSB- Health Care Services Branch  
PPDO – Policy & Program Development Office



**Medical Authorizations (Medical) - Cont.:**

1144 – PET Scans	The Queen’s Medical Center Hamamatsu PET Center	537-7077 Fax: 537-7813
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1150/1150c	DHS/MQD/HCSB P.O. Box 700190 Kapolei, HI 96709-0190	Fax: 692-8131
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**Payment Checks (Lost Checks,  
Expired Checks, Returned  
Checks)**

For Medical Payments	Conduent State Healthcare P.O. Box 1480 Honolulu, HI 96807-1480	Oahu: 952-5570  Neighbor Islands: 1-800-235-1378
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For Drug Payments	Conduent State Healthcare PBMS (Rx) Attn: Hawaii Medicaid Claims- Refunds 40 W Williamsburg Rd. Box #649 Sandston, VA 23150	Help Desk: 1-877-439-0803
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DHS – Department of Human Services  
EB – Eligibility Branch  
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**Provider Information Form:**

**Applications, Provider Address Changes, Provider Status Changes, Provider Terminations**      DHS/MQD/HCSB      692-8099  
P.O. Box 700190  
Kapolei, HI 96709-0190

**Provider Release of Information**      DHS/MQD/FO/TPL      692-8074  
P.O. Box 700190  
Kapolei, HI 96709-0190

**State of Hawaii Organ Tissue Transplant (SHOTT) Program:**

Claim Submissions and Claim Inquiries      Koan Risk Solutions Inc.      469-4500  
Fax: 808-356-1645  
SHOTT Program  
1580 Makaloa St. Ste. 550

Case Management and Issues related specific Medical Services      469-4505

**Timely Filing Waiver Request:**      DHS/MQD/FO- Timely Filing Department  
1001 Kamokila Blvd. Rm. 317  
Kapolei, HI 96707

DHS – Department of Human Services  
EB – Eligibility Branch  
FO – Finance Office

HCSB- Health Care Services Branch  
PPDO – Policy & Program Development Office





**BENEFICIARY QUESTIONS:**

Benefits and  
and all other Information: MQD Customer Services 524-3370  
1-800-316-8005

**Health Plans**  
Aloha Care 1-877-973-0712  
HMSA 1-800-440-0640  
Kaiser Permanente 1-800-651-2237  
'Ohana Health Plan 1-888-846-4262  
United Healthcare 1-888-980-8728

Payment Information  
(Subrogation for accident  
Related cases) DHS/MQD/FO 692-7979  
P.O Box 700190  
Kapolei, HI 96709-0190

Reporting Fraud or Abuse DHS/MQD/FO/FIS 524-3370  
1001 Kamokila Blvd. Rm.317  
Kapolei, HI 96707

DHS – Department of Human Services  
EB – Eligibility Branch  
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**Medical Assistance Applications**

**Unit:**

Oahu	587-3540 Fax: 587-3543
Kapolei	692-7365 Fax: 692-7379
East Hawaii (Hilo)	933-0339 Fax: 933-0344
West Hawaii (Kona)	327-4970 Fax: 327-4975
Maui	243-5780 Fax: 243-5788
Kauai	241-3575 Fax: 241-3583
Molokai	553-1758 Fax: 553-3833
Lanai	565-7102 Fax: 565-6460

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# Medical Assistance Coupon



DEPARTMENT OF  
HUMAN SERVICES

## MEDICAL ASSISTANCE COUPON

021017

<b>IMPORTANT:</b> PRESENT THIS COUPON WHEN YOU OR ANY ELIGIBLE MEMBER OF YOUR HOUSEHOLD GOES TO A MEDICAID PROVIDER FOR SERVICES. IF YOU DO NOT TAKE THIS COUPON WITH YOU OR USE A MEDICAID PROVIDER, THE PROGRAM WILL NOT BE RESPONSIBLE FOR PAYMENT OF YOUR SERVICES.							
<b>CAUTION:</b> DO NOT USE THIS COUPON WHEN YOU ARE NO LONGER ELIGIBLE FOR BENEFITS UNDER THE PROGRAM.							
<u>RECIPIENT ID NO.</u>	<u>ELIGIBLE PERSON</u>	<u>BIRTH DATE</u>	<u>SEX</u>	<u>CAT</u>	TPL 1 2 3 4 5	<u>SECTION:</u>  <u>UNIT:</u>  <u>WORKER:</u>	
<b>SERVICE RESTRICTIONS:</b> <input type="checkbox"/> GENERAL ASSISTANCE DISABILITY EVAL. <input type="checkbox"/> COST SHARE: \$ _____ <input type="checkbox"/> FOSTER CARE EVAL. _____ <input type="checkbox"/> OTHER: _____				<b>RESTRICTED TO:</b> _____ (PROVIDER RESTRICTIONS)			
<u>EFFECTIVE DATE:</u>	[MO]	[DAY]	[YR]	<u>EXPIRATION DATE:</u>	[MO]	[DAY]	[YR]
<b>ASSIGNMENT:</b> IF I AM ENTITLED TO MEDICARE BENEFITS, I ASSIGN SUCH BENEFITS TO THE PROVIDER OF SERVICES. <b>AUTHORIZATION:</b> I AUTHORIZE ANY PROVIDER TO RELEASE MEDICAL INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES OR ITS AUTHORIZED REPRESENTATIVE.							
<u>THIRD PARTY LIABILITY</u>				<u>CASE NAME:</u>			
				<u>ADDRESS:</u>			
				<b>COUPON NOT VALID UNTIL SIGNED:</b>			
				Signature: _____			

PROVIDER: ATTACH ORIGINAL COUPON TO CLAIM FORM WHEN SUBMITTING.

## POLICY MANUAL DEFINITIONS

1. **ABD**  
Aged, blind and disabled
2. **Acute Care Services**  
Medically necessary services as described in this Manual that are covered for Medicaid recipients who are eligible for services. The services are provided through contractual agreements with program contractors or on a fee for service basis.
3. **Allowance**  
The amount paid by Medicaid for health care or a service.
4. **AMA**  
American Medical Association
5. **Applicant**  
An individual who completes and signs the Med-QUEST application form on behalf of himself or herself and/or other family dependents.
6. **Attending Physician**  
A physician (M.D.) or a doctor of osteopathy (O.D./D.O.) who is identified by the individual as having the most significant role in the determination and delivery of the individual's medical care.
7. **Behavioral Health Managed Care Plan**  
The DHS contracted managed care plan that provides behavioral health services with a focus on case management to enrolled seriously mentally ill (SMI) adults.
8. **Behavioral Health Services**  
Services provided to persons who are emotionally disturbed, mentally ill, abuse or are addicted to alcohol and drugs.
9. **Benefits**  
Those health services to which the recipient is entitled under Medicaid.
10. **Charge**  
The amount charged by the provider for services rendered to a recipient.

- 11. Claim**  
A legal document submitted to Medicaid or its fiscal agent for payment.
- 12. Clean Claim**  
A claim that does not require further written information or substantiation in order to make payment.
- 13. CMS**  
The Centers for Medicare and Medicaid Services formerly referred to as HCFA. The new organization is grouped into three centers; the Center for Beneficiary Choices (Medicare Choice Plus), the Center for Medicare Management (FFS Medicare), and the Center for Medicaid and State Operations (State administered programs including Medicaid, S-CHIP, and insurance regulation).
- 14. Covered Services**  
Those services and benefits to which the recipient is entitled under a medical assistance program.
- 15. CPT-4**  
Common Procedural Terminology, a coding structure for medical procedures issued by the American Medical Association.
- 16. Crisis**  
A period in which the individual requires continuous care to achieve palliation or management of acute medical symptoms.
- 17. Days**  
Calendar days
- 18. Dental Emergency**  
An oral condition requiring immediate dental services to control bleeding, eliminate acute infection, treat injuries to teeth or supportive structures, or provide palliative treatment without delay.
- 19. Dependent**  
A recipient's legal spouse or dependent child who meets all eligibility requirements.
- 20. Dependent Child**  
A child under 19 for whom an applicant or recipient is legally responsible.

- 21. DHS**  
Department of Human Services, the State Agency responsible for administering Medicaid for Hawaii.
- 22. Director**  
Director of the Department of Human Services, State of Hawaii.
- 23. DSM IV**  
Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition.
- 24. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)**  
EPSDT is a federally mandated program for children up to age 21 which emphasizes the importance of prevention, early detection of medical, dental and behavioral health conditions and timely treatment of conditions detected as a result of screening.
- 25. Effective Date of Enrollment**  
The date from which an individual is covered by Medicaid.
- 26. Eligibility Determination**  
A process of determining, upon receipt of written application, whether an individual or family is eligible for benefits such as health services.
- 27. Eligible Person**  
A person who has been determined to qualify for health services pursuant to regulations but who is not enrolled in a health plan or with a program contractor. (Also see definition for recipient.)
- 28. EMC**  
Electronic media claim
- 29. Emergency Condition**  
A medical condition manifesting itself by acute symptoms of sufficient severity (including sever pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any bodily organ or part.
- 30. Emergency Medical Service**  
Medical services provided after the sudden onset of an emergency medical condition and resulting in an unscheduled or unplanned visit, admission or other medical services to assess, relieve and/or treat the emergent condition.

- 31. Explanation of Benefits (EOB)**  
The statement mailed to providers detailing the claims paid or denied, including explanations for those denied.
- 32. Fee-For-Service (FFS)**  
A method of payment when a physician or other health care provider bills and is paid for each service. Also refers to services reimbursed directly by the Med-QUEST Division for eligible persons not enrolled with a health plan or program contractor. See definition of Recipient for individuals enrolled with the FFS Program.
- 33. FQHC**  
Federally qualified health center
- 34. Fiscal Year or FY**  
The twelve month period for the State fiscal year from July 1 through June 30.
- 35. HAWI**  
Hawaii Automated Welfare Information System. The State of Hawaii certified system, which maintains eligibility information for TANF, Food Stamp and medical assistance recipients.
- 36. HCFA**  
Formerly stood for the Health Care Financing Administration, U.S. Department of Health and Human Services which was responsible for administering Medicaid. The new name for HCFA is Centers for Medicare and Medicaid Services (CMS).
- 37. HCFA 1500**  
Nationally accepted claim form for non-institutional billing, excluding dental and pharmacy claims.
- 38. HCPCS**  
Health Care Financing Administration's Common Procedure Coding System, created by HCFA and required when reporting procedures and services provided to Medicare and Medicaid beneficiaries; includes HCFA and CPT codes.
- 39. Health Assessment**  
An evaluation of the health status of an individual, including an evaluation of the individual's lifestyle and need for continuing health services.

- 40. Health Plan**  
Any health care organization, insurance company or health maintenance organization, which provides covered services on a risk basis to enrollees in exchange for premium payments.
- 41. Home and Community Based Services**  
Waiver services provided, in lieu of institutionalization, to Medicaid recipients who reside in their own home or in an approved alternative residential setting in order to habilitate, rehabilitate or maintain the recipient's highest level of functioning.
- 42. Hospice Services**  
Palliative and supportive services provided to terminally ill recipients through an agency or organization licensed and Medicare certified as a hospice. Services may be provided to recipients in their own home, an approved alternative residential setting, or an institutional setting.
- 43. Hospital**  
Any hospital in the service area to which a recipient is admitted to receive hospital services pursuant to arrangements made by a physician.
- 44. Hospital Services**  
Except as expressly limited or excluded in the manual or contract, those medically necessary services for registered bed patients that are generally and customarily provided by acute care general hospitals in the service area and prescribed, directed or authorized by the attending physician.
- 45. ICD-9-CM**  
International Classification of Diseases, Ninth Edition – Clinical Modification, a classification system and coding structure of diseases.
- 46. Length of Stay**  
The number of days for which inpatient services are provided, including the day of admission and excluding the day of discharge.
- 47. Medicaid**  
A Federal/State program authorized by Title XIX of the Social Security Act, as amended, which provides Federal matching grants for a medical assistance program for recipients of federally aided public assistance and SSI benefits and other specified groups.
- 48. Medical Office**  
Any outpatient treatment facility staffed by a physician.



**49. Medical Services**

Except as expressly limited or excluded by contract, those medically necessary professional services of physicians, other health professionals and paramedical personnel that are generally and customarily provided in the service area and performed, prescribed or directed by the attending physician.

**50. Medically Necessary**

Those covered services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law that follows standard medical practice and is deemed essential and appropriate for the diagnosis or treatment of a particular illness or injury.

**51. Medicare**

A federally funded program that primarily provides medical coverage for persons who are 65 years of age and older, disabled, or have end-stage renal disease (ESRD).

**52. Months**

Calendar months.

**53. Outpatient Hospital**

Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital for the care of a patient who is not a registered bed patient (i.e. not admitted to acute inpatient care).

**54. Own Home**

The Medicaid recipient's place of residence pursuant to regulations. This does not include approved alternative residential settings.

**56. Physician**

The physician is licensed in Hawaii and is either a M.D. (Doctor of Medicine) or a D.O. (Doctor of Osteopathy).

**57. Plan of Care**

The proposed, individualized regimen of services, which is prepared by the service provider and includes measurable goals and objectives for the outcome of services.

**58. Prepaid Plan**

A health plan for which premiums are paid on a prospective basis, irrespective of the use of services.

- 59. Prior Authorization (PA)**  
Process by which health plans, program contractors, and the Med-QUEST Division determine in advance whether a medical service is appropriate and will be covered for payment.
- 60. Private Health Insurance Policy**  
Any health insurance program, other than disease-specific or accident-only policy, for which a person pays for insurance benefits directly to the carrier rather than through participation in an employer or union, sponsored program.
- 61. Program Contractor**  
An organization, which contracts with the Med-QUEST Division to execute the provision of a comprehensive package of services to recipients, enrolled with the program contractor.
- 62. Provider**  
An individual, clinic, or institution, including but not limited to physicians, osteopaths, nurses, and hospitals responsible for the provision of health services.
- 63. Recipient**  
Any individual or family dependent who meets all eligibility requirements and is enrolled in Med-QUEST.
- 64. Representative**  
A person who is, because of the recipient's mental or physical incapacity, authorized in accordance with state law to act in their stead.
- 65. Respite**  
Short-term care provided to the individual only when necessary to relieve the family or other persons caring for the individual.
- 66. S-CHIP**  
The State Children's Health Insurance (S-CHIP) means the program that was created through enactment of Title XXI of the Social Security Act in the Federal Balanced Budget Act of 1997. This program allows states to expand health insurance coverage for uninsured children up to age 19 with family incomes up to 200% of the federal poverty level. These children receive all the benefits of the EPSDT program.
- 67. SED**  
Severely emotionally disturbed (SED) describes children from birth to age 21 whom, as the result of a mental, behavioral or emotional disorder of a sufficient duration to meet diagnostic criteria. These children exhibit functions, which interferes substantially with their family, school, or community activities.

- 68. Service Date**  
Date on which a health care service was rendered by a provider to a recipient.
- 69. SMI**  
Seriously mentally ill, describes adults (copy definition from BHMCO RFP)
- 70. SSI**  
The Supplemental Security Income (SSI) program is administered by the Social Security Administration like Social Security through funding by the federal government and the State. SSI pays monthly benefits to people, who aside from meeting certain requirements, must be age 65 or older, blind or disabled with limited income and resources. SSI differs from Social Security benefits in that they are not based on prior work history of either the recipient or a family member.
- 71. Standard Medical Practice**  
Most physicians in the nation regard the services as safe and effective. If a service is in its trial stages (e.g., experimental because it is used in research on animals or investigative because it is or has been performed on a limited number of people), the service is not considered standard medical practice for purposed of benefit payment.
- 72. State**  
State of Hawaii
- 73. Suspended Claim**  
A claim that requires further action or review before it is paid or denied.
- 74. TANF**  
Temporary Assistance to Needy Families. Time limited public financial assistance program that replaced ADFC that provides cash grant and medical benefits to adults and children.
- 75. Terminally Ill**  
A medical prognosis determined and documented by a physician that recipient's life expectancy is six months or less if the recipient's illness runs its normal course.
- 76. UB-92**  
Nationally designed claim form for institutional billings.
- 77. Urgent Care**  
The diagnosis and treatment of medical conditions which are serious or acute but pose no immediate threat to life and health but which requires medical attention within 24 hours.

1. Date of Inquiry	2. Provider Name (Last, First, Middle Initial)		
3. Provider Number	4. Address: <input type="checkbox"/> Pay to Address <input type="checkbox"/> Service Address		
5. Telephone Number	6. Name of Contact		
7. Claim Number (if applicable)	8. Purpose of Inquiry: <input type="checkbox"/> Questionable Payment <input type="checkbox"/> Claim Status <input type="checkbox"/> Claims Filing Procedure <input type="checkbox"/> Other		
* Do <u>not</u> use this form for claim adjustments. Send resubmissions to the appropriate Hawaii Medicaid Fiscal Agent Claim PO Box.			
9. Patient Name	10. Patient ID Number		
11. Dates of Service	12. Payment Date	13. Charge	14. Allowance

15. Remarks \_\_\_\_\_

16. Response to Provider: (For Office Use Only) Completed by \_\_\_\_\_ Date \_\_\_\_\_

Clam Paid on \_\_\_\_\_ Amount \_\_\_\_\_

Denied on \_\_\_\_\_ Reason: \_\_\_\_\_

Claim sent to Claims Dept. for reprocessing. \_\_\_\_\_

Patient name and ID # not in DHS files. \_\_\_\_\_

Claim is in the processing system. Please allow additional processing time. \_\_\_\_\_

Claim is being researched. (We are currently working to resolve this issue.) \_\_\_\_\_

Unable to match above claim data with computer file data. \_\_\_\_\_

<input type="checkbox"/> Please submit claim with: <input type="checkbox"/> Medicare/TPL EOMB <input type="checkbox"/> Approved waiver of filing deadline <input type="checkbox"/> Other	<input type="checkbox"/> Submit copy of FFS and Waiver claim to: Hawaii Medicaid Fiscal Agent Claims P.O. Box 1220, Honolulu, HI 96807-1220
<input type="checkbox"/> Claim date exceeds one year filling deadline	<input type="checkbox"/> Submit filing waiver request letter to: DHS/MQD/FO, 1001 Kamokila Blvd., Ste. 317, Kapolei, HI 96707

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Instructions for Medicaid Correspondence Inquiry Form 239

### A. Provider Information

1. Date of Inquiry – Self Explanatory.
2. Provider Name – Self Explanatory.
3. Provider Number – Enter the Medicaid provider number or National Provider Identifier.
4. Address- Provide the mailing address to which the inquiry response is to be mailed and check if it is a “Pay to” or “Service” address.
5. Telephone Number – Indicate a contact number of the person who may be contacted if additional information is required.
6. Name of Contact – Provide the name of the person who may be contacted if additional information is required.

### B. Inquiry Information

7. Claim Number – If applicable, indicate the claim number of the claim in question. This number is shown on the remittance advice.
8. Purpose of Inquiry – Check the applicable blocks (s). “Other” inquiries must be specified. Use lines to provide additional information to clarify inquiry. If more than one inquiry is being made on the form, complete the second inquiry portion of the form. Depending on the number of inquiries being submitted, it may be necessary to complete more than one inquiry form (239).
9. Patient Name – Enter the patient’s full name in “last name, first name” order if inquiring about a claim. Do not use nicknames. Leave blank for general inquiries not specific to a claim.
10. Patient ID number – Enter the Medicaid ID number of the patient identified in number 9 above. The number should consist of a 10-digit number. This number must be the same as entered on the submitted claim in question.
11. Dates of Service – Provide the “from” and “to” range of service dates in question.
12. Payment Date – If applicable, provide the date of the remittance advice containing the payment determination of the claim. Leave blank for claim status inquiries for outstanding claims.
13. Change – Provide the net charge billed to Medicaid.
14. Allowance – If applicable, provide the Medicaid allowance made toward the claim.
15. Remarks – Provide any additional information, if applicable, that may clarify an inquiry.

## Remittance Advice

### GENERAL INFORMATION

The Medicaid fee-for-service *Remittance Advice* provides information about how claims were paid or voided and why claims were denied.

The Remittance Advice is generated at least weekly and mailed to the billing provider. If the billing provider has submitted claims for multiple service providers, the Remittance Advice will contain a section for each.

The *Non-Facility Remittance Advice* is mailed to providers who bill on the HCFA 1500 and American Dental Association (ADA) claim forms. The *Facility Remittance Advice* reports information related to services billed on the UB-92 claim form.

Each Remittance Advice is divided into five sections:

- Paid claims
- Adjusted claims
- Denied claims
- Voided claims
- Claims in process

✓ This section includes claims reported on a previous Remittance and still in process.

The last page of each Remittance Advice is the Processing Notes page. The page provides an alphabetical listing of denial reason codes and pricing explanation codes. Each is listed only once even if it applies to multiple claims.

### ADDRESS PAGE AND FINANCIAL SUMMARY

The *Address Page* (Remit to Address) of the Remittance Advice displays the billing provider's name and pay-to mailing address.

The *Financial Summary* page reports check and invoice data. If all claims are in process or denied, the page will indicate "No Active Invoices."

Information reported on the Financial Summary page includes:

- BILLING PROVIDER ID number plus locator codes and name
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID of the billing provider.
- PAYMENT DATE is the check date.
- PAY FOR CATEGORY.

## Remittance Advice

- ✓ Only the Acute Fee for Service Category is applicable at this time.
- ☑ CHECK NUMBER.
- ☑ INVOICE DATE is the date Medicaid processed the claims for payment.
- ☑ INVOICE NUMBER links payments to the services that generated the payment.
- ☑ TYPE column will indicate “CR” if the provider has a credit.
- ☑ GROSS AMOUNT is the total remitted for each Pay For Category.
  - ✓ A negative total means no payment on this remittance.
  - ✓ Gross Amount and Net Amount are usually equal unless there is a credit memo (negative invoices or recouped claims).
- ☑ DISCOUNT is never used for Medicaid fee-for-service providers.
- ☑ NET AMOUNT is the check amount for each Pay for Category.
  - ✓ If there are outstanding credit memos, this will show zero until enough approved claims are processed to offset the credit.

## NON-FACILITY REMITTANCE ADVICE SECTIONS

The *Paid Claims* section for both acute and long term care non-facility claims displays the following data:

- ☑ INVOICE DATE is the date Medicaid processed the claims for payment.
- ☑ BILLING PROVIDER ID number plus locator codes and name.
- ☑ SERVICE PROVIDER ID number plus locator codes and name.
- ☑ INVOICE NUMBER matches the number on the Financial Summary.
- ☑ CHECK NUMBER matches the number on the Financial Summary.
- ☑ PAYMENT DATE is the date of the reimbursement check.
- ☑ TAX ID of the billing provider.
- ☑ FORM TYPE will be HCFA 1500 or ADA form.
- ☑ HI ID is the HAWI ID of the recipient.
- ☑ RECIPIENT is the ID number submitted on the claim.
- ☑ NAME of the recipient as recorded in the Medicaid system.

## NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ☑ PATIENT ACCOUNT NUMBER is the number entered on the claim in the patient account number field.

## Remittance Advice

- PRICE EXPL is the pricing explanation code.
  - ✓ Definitions are printed on the Processing Notes page.
  - ✓ An asterisk ( \* ) next to a code denotes how the ALLOWED AMOUNT was determined (e.g., MCC = Medicare Coinsurance, MAX = maximum allowed charge/capped fee, etc.).
- CRN is the Claim Reference Number that is unique to each claim and remains the same over the life of the claim.
- STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- SERVICE CD/MODIFIER is the CPT/HCPCS procedure code submitted on the claim.
  - ✓ Any procedure modifier would be printed below the procedure code.
- DATES OF SERVICE displays the From and Through dates of service submitted on the claim.
  - ✓ If dates are the same, only one date is displayed.
- BILLED AMOUNT submitted on the claim.
- BILLED UNITS reflects the number of units billed on the claim.
- ALLOWED UNITS reflects the Medicaid allowed number of units.
- ALLOWED AMOUNT may be based on the Medicaid capped fee (Medicaid fee schedule), a provider specific rate, Medicare Coinsurance and Deductible, etc.
- NET PAID AMOUNT is the ALLOWED AMOUNT minus any deductions.

The following summary is listed at the end of each Non-facility Paid Claims section:

- NUMBER OF CLAIMS is the total number of claims in the Paid Claims section.
- TOTAL BILLED AMOUNT for all claims in the Paid Claims section.
- TOTAL REMIT AMOUNT for all claims in the Paid Claims section.

The *Denied Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID.

### **NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

- FORM TYPE.
- HI ID.
- RECIPIENT.



## Remittance Advice

- NAME.
- REASON CDS lists the denial reason code(s).
  - ✓ Definitions are printed on the Processing Notes page.
- PATIENT ACCOUNT NBR.
- CRN is the Claim Reference Number of the claim.
  - ✓ Resubmissions of denied claims must reference this number.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of each Non-facility Denied Claims section:

- NUMBER OF CLAIMS in the Denied Claims section.
- TOTAL BILLED AMOUNT for all claims in the Denied Claims section.

The *Adjusted Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- INVOICE DATE.
- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- INVOICE NUMBER.
- CHECK NUMBER.
- PAYMENT DATE.
- TAX ID.
- FORM TYPE.
- HI ID.

### **NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- PRICE EXPL.
- CRN is the Claim Reference Number of the original claim.

## Remittance Advice

- ✓ The claim retains this number regardless of the number of times it is adjusted.
- ☑ STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- ☑ SERVICE CD/MODIFIER.
- ☑ DATES OF SERVICE.
- ☑ BILLED AMOUNT.
- ☑ BILLED UNITS.
- ☑ ALLOWED UNITS.
- ☑ ALLOWED AMOUNT may be based on the Medicaid capped fee (i.e. Medicaid fee schedule), Medicare Coinsurance and Deductible, etc.
- ☑ The PREVIOUSLY PAID amount is “backed out” and displayed as a negative number.
- ☑ NET PAID AMOUNT is the difference between the new ALLOWED AMOUNT and the PREVIOUSLY PAID amount.
  - ✓ This amount could be negative if the adjusted Allowed Amount is less than the original Allowed Amount.

The following summary is listed at the end of each Non-facility Adjusted Claims section:

- ☑ NUMBER OF CLAIMS is the total number of claims in the Adjusted Claims section.
- ☑ TOTAL BILLED AMOUNT for all claims in the Adjusted Claims section.
- ☑ TOTAL REMIT AMOUNT for all claims in the Adjusted Claims section.

The *Voided Claims* section for non-facility claims displays much of the same data as the Paid Claims section:

- ☑ INVOICE DATE.
- ☑ BILLING PROVIDER ID number plus locator codes and name.
- ☑ SERVICE PROVIDER ID number plus locator codes and name.
- ☑ INVOICE NUMBER.

### **NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

- ☑ CHECK NUMBER.
  - ✓ The Voided Claims section will only have a check number if the paid and adjusted claims during the payment cycle total more than amount being recouped as voids.
- ☑ PAYMENT DATE.

*Voided Claims* section for non-facility claims (Cont.):

- ☑ TAX ID.

## Remittance Advice

- FORM TYPE.
- HI ID.
- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- PRICE EXPL.
- CRN is the Claim Reference Number of the original claim.
  - ✓ The claim retains this number when it is voided.
- STATUS DATE.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS reflects the number of units billed on the claim.
- ALLOWED UNITS is the Medicaid allowed number of units.
- ALLOWED AMOUNT is displayed as a negative amount.
  - ✓ Any previous deductions are “backed out” and displayed as a positive number.
- NET PAID AMOUNT is a negative number showing the amount recouped.

The following summary is listed at the end of each Non-facility Voided Claims section:

- NUMBER OF CLAIMS in the Voided Claims section.
- TOTAL BILLED AMOUNT for all claims in the Voided Claims section.
- TOTAL RECOUPED AMOUNT for all claims in the Voided Claims section.

### **NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

The *Claims in Process* section of the Remittance Advice for non-facility claims displays all claims that have not been adjudicated. The Claims in Process section displays much of the same data described previously:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- TAX ID.
- FORM TYPE.
- HI ID.

## Remittance Advice

- RECIPIENT.
- NAME.
- PATIENT ACCOUNT NUMBER.
- CRN is the Claim Reference Number of the claim.
  - ✓ Inquiries about the claim should reference this number.
- SERVICE CD/MODIFIER.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of each Non-facility Claims in Process section:

- NUMBER OF CLAIMS is the total number of claims in process.
- TOTAL BILLED AMOUNT for all claims in process.

The *Processing Notes* section is the last section of the Non-facility Remittance Advice package. The Processing Notes section displays the following data:

- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- NOTE is an alphabetical listing of processing codes (denial or void reason codes, pricing method codes, etc.).
  - ✓ Each code is listed only once even if applicable to multiple claims.

### NON-FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- TYPE lists the type of code.
  - M = Pricing Method
  - P = Pricing Type
  - R = Reason Code
  - T = Tier
  - X = Modifier
- DESCRIPTION is the description of a processing note code.

Example:

H199.1R CLAIM RECEIVED PAST 9 MONTH LIMIT

## Remittance Advice

### FACILITY REMITTANCE ADVICE SECTIONS

The *Paid Claims* section for facility claims displays the following data:

- INVOICE DATE is the date Medicaid processed the claims for payment.
- BILLING PROVIDER ID number plus locator codes and name.
- SERVICE PROVIDER ID number plus locator codes and name.
- INVOICE NUMBER matches the number on the Financial Summary.
- CHECK NUMBER matches the number on the Financial Summary.
- PAYMENT DATE is the date of the reimbursement check.
- TAX ID of the billing provider.
- FORM TYPE will be Inpatient (includes inpatient hospital and nursing home) or Outpatient (includes outpatient hospital, free standing dialysis centers, hospice, and birthing centers).
- HI ID of the recipient.
- RECIPIENT is the ID number submitted on the claim.
- NAME of the recipient as recorded in the Medicaid system.
- PATIENT ACCOUNT NUMBER is the number entered on the claim in the patient account number field.
- PRICE EXPL is the pricing explanation code.
  - ✓ Definitions are printed on the Processing Notes page.

### FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- ✓ An asterisk ( \* ) next to a code denotes how the ALLOWED AMOUNT was determined.
  - For hospital inpatient claims, tier(s) into which the claim was classified are displayed (e.g., MAT = Maternity tier).
  - For nursing home claims, codes may indicate PDM (per diem) or MCC (Medicare Coinsurance).
- TIER DATA displays the inpatient tier classification, number of accommodation days billed. Medicaid allowed days for tier(s) and reason codes for any disallowed and cutback days.
- CRN is the Claim Reference Number that is unique to each claim and remains the same over the life of the claim.
- STATUS DATE is the most recent date the claim was adjudicated (attained “Paid” status).
- DATES OF SERVICE displays the From and Through dates of service submitted on the claim.
- BILLED AMOUNT submitted on the claim.

## Remittance Advice

- BILLED UNITS reflects accommodation days for inpatient claims.
- ALLOWED UNITS reflects accommodation days for inpatient claims.
- ALLOWED AMOUNT may be based on the tier per diem, the Medicaid capped fee (Medicaid fee schedule) the provider's specific rate or Medicare Coinsurance and Deductible.
- NET PAID AMOUNT is the ALLOWED AMOUNT minus any deductions.

The following summary is at the end of each Paid Claims section:

- NUMBER OF CLAIMS, both inpatient claims and outpatient, in the section.
- TOTAL BILLED AMOUNT for all claims in the section.
- TOTAL REMIT AMOUNT for all claims in the section.

The *Denied Claims* section for both acute and long term care facility claims (Exhibit 28-11) displays much of the same data as the Paid Claims section:

- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- TAX ID.
- FORM TYPE.
- HI ID.
- RECIPIENT.

## FACILITY REMITTANCE ADVICE SECTIONS (CONT.)

- NAME.
- REASON CDS lists the denial reason code(s).
  - ✓ Definitions are printed on the Processing Notes page.
- PATIENT ACCOUNT NBR.
- CRN is the Claim Reference Number of the claim.
  - ✓ Resubmissions of denied claims must reference this number.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.
  - ✓ This field is not populated for outpatient UB-92 claims.

The following summary is listed at the end of each Denied Claims section:

## Remittance Advice

- NUMBER OF CLAIMS in the Denied Claims section.
- TOTAL BILLED AMOUNT for all claims in the Denied Claims section.

The *Adjusted Claims* section for facility claims displays much of the same data as the Paid Claims section:

- INVOICE DATE.
- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- INVOICE NUMBER.
- CHECK NUMBER.
- PAYMENT DATE.
- TAX ID.
- FORM TYPE.
- HI ID.
- RECIPIENT ID.
- NAME.
- PATIENT ACCOUNT NUMBER.

### **FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

- PRICE EXPL is the pricing explanation code.
- TIER DATA.
- CRN is the Claim Reference Number of the original claim.
  - ✓ The claim retains this number regardless of the number of times it is adjusted.
- STATUS DATE.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.
- ALLOWED UNITS.
- ALLOWED AMOUNT may be based on the tier per diem, Medicaid capped fee (Medicaid fee schedule), the provider's specific rate or Medicare Coinsurance and Deductible.
- The PREVIOUSLY PAID amount is "backed out" and displayed as a negative number.
- NET PAID AMOUNT is the difference between the new ALLOWED AMOUNT and the PREVIOUSLY PAID amount.

## Remittance Advice

- ✓ This amount could be negative if the adjusted Allowed Amount is less than the original Allowed Amount.

The following summary is listed at the end of the Adjusted Claims section:

- ☑ NUMBER OF CLAIMS, inpatient and outpatient, in the section.
- ☑ TOTAL BILLED AMOUNT for all claims in the section.
- ☑ TOTAL REMIT AMOUNT for all claims in the section.

The *Voided Claims* section for facility claims displays much of the same data as the Paid Claims section:

- ☑ INVOICE DATE.
- ☑ BILLING PROVIDER ID.
- ☑ SERVICE PROVIDER ID.
- ☑ INVOICE NUMBER.
- ☑ CHECK NUMBER.
- ☑ PAYMENT DATE.
- ☑ TAX ID.

### **FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

- ☑ FORM TYPE.
- ☑ HI ID.
- ☑ RECIPIENT ID.
- ☑ NAME.
- ☑ PATIENT ACCOUNT NUMBER.
- ☑ PRICE EXPL is the pricing explanation code.
- ☑ TIER DATA.
- ☑ CRN is the Claim Reference Number of the original claim.
  - ✓ The claim retains this number when it is voided.
- ☑ STATUS DATE.
- ☑ DATES OF SERVICE.
- ☑ BILLED AMOUNT.
- ☑ BILLED UNITS.
- ☑ ALLOWED UNITS.



## Remittance Advice

- ALLOWED AMOUNT is displayed as a negative amount.
  - ✓ Any previous deductions are “backed out” and displayed as a positive number.
- NET PAID AMOUNT is a negative number showing the amount recouped.  
The following summary is listed at the end of each Voided Claims section:
- NUMBER OF CLAIMS, inpatient claims and outpatient, in the section.
- TOTAL BILLED AMOUNT for all claims in the section.
- TOTAL RECOUPED AMOUNT for all claims in the section.

The *Claims in Process* section of the Remittance Advice for facility claims displays all claims that have not been adjudicated. The Claims in Process section displays much of the same data described previously:

- BILLING PROVIDER ID.
- SERVICE PROVIDER ID.
- TAX ID.
- FORM TYPE.
- HI ID.

### **FACILITY REMITTANCE ADVICE SECTIONS (CONT.)**

*Claims in Process* section for both acute and long term care facility claims (Cont.):

- RECIPIENT ID.
- NAME.
- PATIENT ACCOUNT NUMBER.
- CRN is the Claim Reference Number of the original claim.
  - ✓ Inquiries about the claim should reference this number.
- DATES OF SERVICE.
- BILLED AMOUNT.
- BILLED UNITS.

The following summary is listed at the end of the Claims in Process section:

- NUMBER OF CLAIMS, inpatient and outpatient, claims in process.
- TOTAL BILLED AMOUNT for all claims in process.

The *Processing Notes* section is the last section of the Facility Remittance Advice. It displays the same type of information as does the Processing Notes section for non-facility claims.

### WORKING THE REMITTANCE ADVICE

Here are some suggestions for working the Remittance Advice to reconcile claims billed to Medicaid and the status of those claims:

1. Review the Paid Claims section of the Remittance Advice to determine which claims have been paid and if those claims are paid correctly. Any errors, such as claims (and associated CRNs) that have not paid the correct number of units should be marked for adjustment. (See Chapter 4 Claims Payments, for information on adjusting a paid claim.)
2. Review the Adjusted Claims section of the Remittance Advice. This section will report any claims submitted by the provider as adjustments because they were not paid correctly. If problems still exist with a claim, it may be submitted again as another adjustment. This section also will report any claims that were adjusted by Medicaid as a result of an audit or review.
3. Review the Voided Claims section of the Remittance Advice. This section will report any claims submitted by the provider as void transactions. There are many reasons a claim may be voided. These may be claims that have been paid by other insurance and now need to be voided so that Medicaid can recoup its payment. This section also will report any claims that were voided by Medicaid as a result of an audit or Medical review recoupment. Providers who believe that a claim was voided in error should contact the Fiscal Agent. Refer to the Assistance Directory in this Appendix for the contact information.
4. Review the Denied Claims section of the Remittance Advice. Review the message for each code and determine the action necessary to correct the claim. (See Chapter 4, Claims Payments, for information on resubmitting a denied claim.)

Providers who have questions about the Remittance Advice or about resubmitting, adjusting, or voiding a claim should contact the Fiscal Agent, as indicated in the Assistance Directory of this Appendix.

# Remittance Advice

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
REMITTANCE ADVICE - REMIT TO ADDRESS  
11/28/98

PAGE: 1  
RUN:

BILLING PROVIDER: 654321 01

INVOICE DATE: 11/28/98  
PAYMENT DATE: 10/01/98

**Address page shows billing provider's  
name and Pay-To mailing address**

PROVIDER NAME  
STREET ADDRESS OR P.O. BOX  
ANYTOWN HI  
99999

\*\* PLEASE CALL PROVIDER SERVICES FOR QUESTIONS OR CLARIFICATION ABOUT THE CONTENTS OF THIS PACKAGE \*\*  
\*\* PROVIDER SERVICES MAY BE REACHED AT (808) 952-5570 or 1-800-235-4378

# Remittance Advice

## SAMPLE REMITTANCE ADVICE – FINANCIAL SUMMARY

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
REMITTANCE ADVICE - FINANCIAL SUMMARY  
11/28/98  
INVOICE DATE: 11/28/98

PAGE: 2  
RUN:

001549

BILLING PROVIDER: 654321 01 PROVIDER NAME

TAX ID: 999999999  
PAYMENT DATE: 12/01/98

PAY FOR CATEGORY	CHECK NUMBER	INVOICE DATE	INVOICE NUMBER	TYPE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
ACUTE FEE-FOR-SERVICE	48746	11/28/98	A9800000000001		1033.21	.00	1033.21
TOTALS					1033.21	.00	1033.21

- Financial Summary page provides summarized check and invoice information
- If provider had claims for Acute and Long Term Care recipients, LTC totals would be shown on separate line below Acute totals
- If all claims in process or denied, Financial Summary page will indicate “No Active Invoices”
- Gross Amount and Net Amount (Check Amount) will be equal unless TYPE column shows “CR” indicating provider has credit

# Remittance Advice

## SAMPLE REMITTANCE ADVICE – PAID NON-FACILITY CLAIMS

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
NON-FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
PAID CLAIMS - INVOICE DATE: 11/28/98

PAGE: 9  
RUN:

001549

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC  
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS			
A12007007	BOND, JAMES	98310000100801	99223	10/09/98	150.00	1.00	29.00	ALLOWED AMOUNT	(*)
A12007007	007	11/26/98			1.00		29.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC									
A12007007	BOND, JAMES	98310000103701	99233	10/10/98	400.00	5.00	72.00	ALLOWED AMOUNT	(*)
A12007007	007	11/26/98		10/14/98	5.00		72.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC									
A61743893	HOLMES, SHERLOCK	98310000100801	99233	10/09/98	300.00	3.00	222.00	ALLOWED AMOUNT	(*)
A61743893	12714-350493	11/26/98		10/11/98	3.00		222.00	NET PAID AMOUNT	
PRICE EXPL: MAC *AHA									
A21742813	KURIYAKIN, ILYA	98310000100801	90828	10/24/98	800.00	5.00	680.00	ALLOWED AMOUNT	(*)
A21742813	12224-489133	11/26/98		10/28/98	5.00		270.00-	OTHER INSURANCE	
PRICE EXPL: SUB MAC *AHA									
A21742813	PEELE, EMMA	98310000100801	99233	10/24/98	290.00	3.00	146.00	ALLOWED AMOUNT	(*)
A21742813	12714-350493	11/26/98		10/26/98	3.00		146.00	NET PAID AMOUNT	
PRICE EXPL: SUB *MCC *MCD									

NUMBER OF CLAIMS: 5  
TOTAL BILLED AMOUNT: 1,940.00  
TOTAL REMIT AMOUNT: 879.00

- PRICE EXPL(ation) codes listed on Processing Notes page
- Asterisk (\*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., MCC = Medicare Coinsurance, MCD = Medicare Deductible, AHA = MQD Allowed)
- Allowed Amount listed first, followed by any deductions (e.g., other insurance)
- Last page of Paid Claims section lists totals

## SAMPLE REMITTANCE ADVICE – DENIED NON-FACILITY CLAIMS

# Remittance Advice

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
NON-FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
DENIED CLAIMS

PAGE: 11  
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC  
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999  
FORM TYPE: FORM 1500

HI ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED
A15116678 REASON CDS: H077.2	A15116678	BONNEY, WILLIAM	BTK96007	98310000102301	90828	10/22/98	160.00	1.00
A12003210 REASON CDS: H094.1 L017.1 L019.1	A12003210	CLANCY, MIKE	96-007L	98310000100801	99245	10/17/98	96.00	1.00
A21110770 REASON CDS: L017.1	A21110770	EARP, WYATT	XYX96089	9831000020170	99233	10/02/98 10/04/98	255.00	3.00
A12345678 REASON CDS: L019.1	A12345678	JANE, CALAMITY	ABC96027	98310000100801	99223	10/12/98	150.00	1.00
A12345678 REASON CDS: L019.1	A12345678	JANE, CALAMITY	ABC96027	98310000100802	99233	10/13/98	85.00	1.00
A12007007 REASON CDS: H094.1	A12007007	BOND, JAMES	XYX96033	98310000100801	99233	10/15/98	85.00	1.00

NUMBER OF CLAIMS: 6  
TOTAL BILLED AMOUNT: 831.00

- Explanations of denial REASON CDS listed on Processing Notes page
- Multiple denial reasons can be reported
- Last page of Denied Claims section lists totals

Remittance Advice

**SAMPLE REMITTANCE ADVICE – ADJUSTED NON-FACILITY CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
NON-FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
ADJUSTED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 12  
RUN:

001549

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC  
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
-----								
--								
A61743893	HOLMES, SHERLOCK	98310000100801	99233	10/09/98	300.00	3.00	222.00	ALLOWED AMOUNT (*)
A61743893	12714-350493	11/26/98		10/11/98	3.00		146.00-	PREVIOUSLY PAID
							74.00	NET PAID AMOUNT
-----								
PRICE EXPL:	MAC		*AHA					
A21742813	KURIYAKIN, ILYA	98310000100801	90828	10/24/98	800.00	5.00	680.00	ALLOWED AMOUNT (*)
A21742813	12224-489133	11/26/98		10/28/98	5.00		544.00-	PREVIOUSLY PAID
							136.00	NET PAID AMOUNT
-----								
PRICE EXPL:	SUB	MAC	*AHA					
A21742813	PEELE, EMMA	98310000100801	99233	10/24/98	290.00	3.00	146.00	ALLOWED AMOUNT (*)
A21742813	12714-350493	11/26/98		10/26/98	3.00		190.00-	PREVIOUSLY PAID
							44.00-	NET PAID AMOUNT
-----								
PRICE EXPL:	SUB	*MCC	*MCD					

NUMBER OF CLAIMS: 3  
TOTAL BILLED AMOUNT: 1,390.00  
TOTAL REMIT AMOUNT: 166.00

- New Allowed Amount listed first
- Previously Paid Amount “backed out” as negative
- Net Paid Amount shows difference
- Net Paid Amount will be negative if adjusted Allowed Amount is less than original Allowed Amount
- Last page of Adjusted Claims section lists totals

Remittance Advice

**SAMPLE REMITTANCE ADVICE – VOIDED NON-FACILITY CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
NON-FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
VOIDED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 13  
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC  
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
--								
A12007007	BOND, JAMES	98310000100801	99223	10/09/98	150.00	1.00	29.00-	ALLOWED AMOUNT (*)
A12007007	007	11/26/98			1.00		-----	
							29.00-	NET PAID AMOUNT
PRICE EXPL:	SUB	*MCC						
A12007007	BOND, JAMES	98310000103701	99233	10/10/98	400.00	5.00	72.00-	ALLOWED AMOUNT (*)
A12007007	007	11/26/98		10/14/98	5.00		-----	
							72.00-	NET PAID AMOUNT
PRICE EXPL:	SUB	*MCC						

- New Allowed Amount listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals

NUMBER OF CLAIMS: 2  
TOTAL BILLED AMOUNT: 550.00  
TOTAL RECOUPED AMOUNT: 101.00



# Remittance Advice

## SAMPLE REMITTANCE ADVICE –NON-FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
NON-FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
CLAIMS IN PROCESS

PAGE: 14  
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC  
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999  
FORM TYPE: FORM 1500

HI ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED
---								
A15116678	A15116678	BONNEY, WILLIAM	BTK96007	98310000102301	90828	10/22/98	160.00	1.00
---								
A12003210	A12003210	CLANCY, IKE	96-007L	98310000100801	99245	10/17/98	96.00	1.00
---								
A21110770	A21110770	EARP, WYATT	XYX96089	9831000020170	99233	10/02/98	255.00	3.00
---								
A12345678	A12345678	JANE, CALAMITY	ABC96027	98310000100801	99223	10/12/98	150.00	1.00
---								
A12345678	A12345678	JANE, CALAMITY	ABC96027	98310000100802	99233	10/13/98	85.00	1.00
---								
A12007007	A12007007	BOND, JAMES	XYX96033	98310000100801	99233	10/15/98	85.00	1.00

- There is no STATUS DATE field because claims have not reached adjudicated status of Paid or Denied
- Section includes claims reported as in process in previous Remittances
- Last page of Claims In Process section lists totals

NUMBER OF CLAIMS: 6  
TOTAL BILLED AMOUNT: 831.00

Remittance Advice

SAMPLE REMITTANCE ADVICE – PROCESSING NOTES

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
REMITTANCE ADVICE - PROCESSING NOTES
11/28/98

PAGE: 15
RUN:

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

NOTE TYPE DESCRIPTION

\*\* PLEASE CALL PROVIDER SERVICES FOR FURTHER EXPLANATION OF ANY DESCRIPTION \*\*
\*\* PROVIDER SERVICES MAY BE REACHED AT (808) 952-5570 or 1-800-235-4378.

AHA P MQD ALLOWED AMOUNT
H077.2 R SERVICE PROVIDER LOCATION CODE IS INVALID
H094.1 R PRIMARY DIAGNOSIS CODE FIELD IS NOT ON FILE
H140.3 R PRIMARY DIAGNOSIS CODE NOT COVERED FOR CONTRACT TYPE
L017.1 R PLACE OF SERVICE CODE IS MISSING
L019.1 R DIAGNOSIS REFERENCE CODE 31 IS MISSING
L067.1 R RECIPIENT HAS PART B; MEDICARE DATA MUST BE INDICATED, IS MISSING
MAX M MAXIMUM ALLOWED CHARGE/CAPPED FEE
MCC T MEDICARE COINSURANCE
MCD T MEDICARE DEDUCTIBLE
PDM M PER DIEM
SUB M SUBMITTED AMOUNT FROM CLAIM

- Remittance Advice Processing Notes is last section in package
• Alphabetical listing of processing note code descriptions (denial reasons, pricing methods, etc.)
• Each code listed only once even if applicable to

NOTE TYPES: M = PRICING METHOD, P = PRICING TYPE, R = REASON CODE, T = IER, X = MODIFIER

Remittance Advice

**SAMPLE REMITTANCE ADVICE – PAID FACILITY INPATIENT CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
PAID CLAIMS - INVOICE DATE: 11/28/98

PAGE: 3  
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: INPATIENT

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS	DATES OF SERVICE DATE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A12345678 (*)	OAKLEY, ANNIE 0011617768-1	983100001001	10/20/98	760.00	1.00	760.00	ALLOWED AMOUNT
A12345678		11/26/98	10/21/98	1.00		760.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A87654321 (*)	JANE, CALAMITY J4176027943-1	983100002002	10/25/98	1,520.00	2.00	1,520.00	ALLOWED AMOUNT
A87654321		11/26/98	10/27/98	2.00		1,520.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A18273645 (*)	EARP, WYATT E0116543257-2	983100003003	10/19/98	760.00	3.00	2,280.00	ALLOWED AMOUNT
A18273645		11/26/98	10/22/98	3.00		2,280.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A11223344 (*)	YOUNGER, COLE Y0227188796-1	983100004004	10/21/98	2,280.00	1.00	760.00	ALLOWED AMOUNT
A11223344		11/26/98	10/22/98	3.00		760.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A43218765 (*)	CRAWFORD, KATY C5522613008-1	983100005005	10/23/98	6,080.00	8.00	6,080.00	ALLOWED AMOUNT
A43218765		11/26/98	10/31/98	8.00		6,080.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							
A18273645 (*)	JAMES, JESSE J7158700699-1	983100006006	10/28/98	1,520.00	2.00	1,520.00	ALLOWED AMOUNT
A18273645		11/26/98	10/30/98	2.00		1,520.00	NET PAID
AMOUNT PRICE EXPL: PDM *AHA							

Remittance Advice

**SAMPLE REMITTANCE ADVICE – PAID FACILITY OUTPATIENT CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
PAID CLAIMS - INVOICE DATE: 11/28/98

PAGE: 4  
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 99999999  
FORM TYPE: OUTPATIENT

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS	
A12345678 (*)	OAKLEY, ANNIE	983150002002	10/20/98	652.00	274.49	ALLOWED AMOUNT
A12345678	0011617708-1	11/26/98	10/20/98		274.49	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A87654321 (*)	JANE, CALAMITY	983150008008	10/25/98	450.00	189.45	ALLOWED AMOUNT
A87654321	J4176027943-1	11/26/98	10/25/98		189.45	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A18273645 (*)	EARP, WYATT	983150007007	10/19/98	750.00	315.75	ALLOWED AMOUNT
A18273645	E0116543257-2	11/26/98	10/19/98		315.75	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						
A11223344 (*)	YOUNGER, COLE	983150009009	10/21/98	980.00	412.58	ALLOWED AMOUNT
A11223344	Y0227188796-1	11/26/98	10/21/98		412.58	NET PAID
AMOUNT PRICE EXPL: (CCO - .4210) *AHA						

NUMBER OF CLAIMS: 10  
TOTAL BILLED AMOUNT: 15,752.00  
TOTAL REMIT AMOUNT: 14,112.27

- PRICE EXPL(ation) codes listed on Processing Notes page
- Asterisk (\*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., CCO = Hospital-specific Outpatient Cost-To-Charge Ratio, AHA = MQD Allowed)
- Last page of Paid Claims section lists totals for inpatient and outpatient claims

Remittance Advice

**SAMPLE REMITTANCE ADVICE – DENIED FACILITY CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
DENIED CLAIMS

PAGE: 5  
RUN:

001549

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

TAX ID: 999999999  
FORM TYPE: INPATIENT

AHCCCS ID UNITS	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE	BILLED AMOUNT	BILLED
A17520033 REASON CDS: H154.3	A17520033	DOS PASSO, JOHN	147A321	983100050001	10/24/98 10/26/98	1,520.00	2.00
A17650082 REASON CDS: H140.3 H141.3 H142.3	A17650082	HAWTHORNE, NATHANIEL	148C123	983100010113	10/29/98 10/30/98	760.00	1.00
A17050080 REASON CDS: L027.1	A17050080	HEMINGWAY, ERNEST	168B456	983100010212	10/01/98 10/02/98	760.00	1.00
A17030074 REASON CDS: L027.1	A17030074	IRVING, WASHINGTON	148D789	983100010212	10/23/98 10/26/98	2,280.00	3.00
525465421 REASON CDS: H082.3	525465421	STEIN, GERTRUDE	150L654	983100777763	10/04/98 10/06/98	1,520.00	2.00

- Explanations of denial REASON CDS listed on Processing Notes page
- Multiple denial reasons can be reported
- Last page of Denied Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 5  
TOTAL BILLED AMOUNT: 6,840.00

# Remittance Advice

## SAMPLE REMITTANCE ADVICE – ADJUSTED FACILITY CLAIMS

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
ADJUSTED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 6  
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: INPATIENT

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
-----							
--							
A12345678 (*)	OAKLEY, ANNIE	983100001001	10/20/98	2,280.00	3.00	2,280.00	ALLOWED AMOUNT
A12345678 PAID	0011617768-1	11/26/98	10/23/98	3.00		760.00-	PREVIOUSLY
						-----	
						1,520.00	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							
-----							
A87654321 (*)	JANE, CALAMITY	983100001001	10/26/98	2,280.00	2.00	1,520.00	ALLOWED AMOUNT
A87654321 PAID	J4176027943-1	11/26/98	10/29/98	3.00		2,280.00-	PREVIOUSLY
						-----	
						760.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							
-----							

- New Allowed Amount listed first
- Previously Paid Amount "backed out" as negative
- Net Paid Amount shows difference
- Net Paid Amount will be negative if adjusted Allowed Amount is less than original Allowed Amount
- Last page of Adjusted Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2  
TOTAL BILLED AMOUNT: 4,560.00  
TOTAL REMIT AMOUNT: 760.00

Remittance Advice

**SAMPLE REMITTANCE ADVICE – VOIDED FACILITY CLAIMS**

REPORT ID: FI04W400  
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS  
FACILITY REMITTANCE ADVICE - ACUTE  
11/28/98  
VOIDED CLAIMS - INVOICE DATE: 11/28/98

PAGE: 7  
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001  
CHECK NUMBER: 48746  
PAYMENT DATE: 12/01/98

TAX ID: 999999999  
FORM TYPE: INPATIENT

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
-----							
--							
A12345678 (*)	OAKLEY, ANNIE	983100001001	10/20/98	760.00	1.00	760.00-	ALLOWED AMOUNT
A12345678	0011617768-1	11/26/98	10/21/98	1.00		-----	
						760.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							
-----							
A87654321 (*)	JANE, CALAMITY	983100002002	10/25/98	1,520.00	2.00	1,520.00-	ALLOWED AMOUNT
A87654321	J4176027943-1	11/26/98	10/27/98	2.00		-----	
						1,520.00-	NET PAID
AMOUNT							
PRICE EXPL: PDM *AHA							
-----							

- New Allowed Amount listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2  
TOTAL BILLED AMOUNT: 2,280.00  
TOTAL RECOUPED AMOUNT: 2,280.00

Remittance Advice

SAMPLE REMITTANCE ADVICE –FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

HAWAII DHS MED-QUEST DIVISION PMMIS
FACILITY REMITTANCE ADVICE - ACUTE
11/28/98
CLAIMS IN PROCESS

PAGE: 8
RUN:

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL
SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

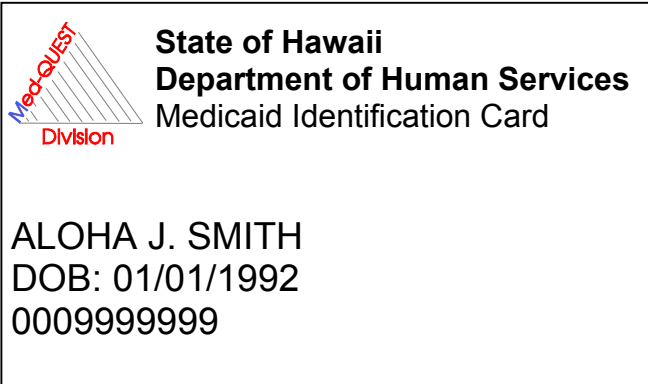
TAX ID: 999999999
FORM TYPE: INPATIENT

Table with columns: AHCCCS ID, RECIPIENT NAME, PATIENT ACCOUNT NBR, CRN, DATES OF SERVICE, BILLED AMOUNT, BILLED. Contains 4 rows of claim data.

• There is no STATUS DATE field because claims have not reached adjudicated status of Paid or Denied
• Section includes claims reported as in process in previous Remittances
• Last page of Claims In Process section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 4
TOTAL BILLED AMOUNT: 5,320.00





Back of card:

State of Hawaii  
Department of Human Services  
Med-QUEST Division  
**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

**Attention Providers:**

- Eligibility information may be obtained by calling: (800) 882-4608
- To report fraud, please call the Fraud Hotline at: (808) 587-8444
- You are responsible for verifying recipient eligibility and proper identification of the card holder

**Attention Recipients:**

- Please carry this card with you at all times
- Unauthorized use of this card is a violation of federal and state law and may result in criminal prosecution.
- If you have any questions, please call the Enrollment Call Center at: (808) 524-3370 or toll-free at (800) 316-8005
- Keep this card even if you get a notice saying that you are no longer eligible. If you get Medicaid in the future, you will use the same card.

**SERVICES AND ITEMS  
NOT COVERED BY THE HAWAII MEDICAID PROGRAM**

**General**

- Services, procedures, drugs, devices, equipment and treatment that are experimental, investigational, or of generally unproven benefit, excluded by federal regulations or state rules and/or not medically necessary.
- All medical, surgical and/or psychiatric services, drugs (including hormones needed for changing the sex of an individual), equipment/devices and supplies related to gender reassignment.
- All medical and surgical procedures, therapies, supplies, drug equipment for the treatment of sexual dysfunction.

**Medical and Surgical Services**

- Stand-by services by stand-by physicians, telephone consultations, telephone calls, writing of prescriptions and stat charges.
- Psychiatric care and treatment for sex and marriage problems, weight control, employment counseling, primal therapy, long term character analysis, marathon group therapy and/or consortium services.
- Long term psychiatric institutional treatment.
- Routine foot care; treatment of flat feet.
- Physical exams for employment when the patient is self-employed or as a requirement for continuing employment (i.e. truck and taxi drivers' licensing, other physical exams as a requirement for continuing employment by the State or Federal Government or by private business.
- Physical exams, psychological evaluations and/or immunizations as a requirement for Hawaii or other states' drivers' licenses or for the purpose of securing life and other insurance policies or plans.
- Physical exams and/or immunizations for travel—domestic or foreign.
- In vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures and all drugs and devices to treat infertility or enhance fertilization.

## **Medical and Surgical Services (Continued)**

- Cosmetic surgery or treatment to improve appearance and not bodily function, including but not limited to cosmetic rhinoplasties, reconstructive/plastic surgery such as face lifts to improve appearance and not bodily function, liposuction, paniculectomies, and other body sculpturing procedures, piercing of ears and other body areas, electrolysis, hair transplantation or removal, tattooing or removal of tattoos.
- Cosmetic, reconstructive, or plastic surgery procedures performed primarily for psychological reasons or as a result of the aging process.
- Augmentation mammoplasties except following medically indicated mastectomies for carcinoma, precancerous conditions, or extensive fibrosis or traumatic amputation.
- Reduction mammoplasties unless there is medical documentation of intractable pain not amenable to other forms of treatment as a result of large pendulous breasts.
- Jejunio-ileal by-pass procedures for morbid obesity.
- Tuberculosis services when provided free to the general public.
- Hansen's disease treatment or follow-up.
- Treatment of persons confined to public institutions.
- Orthoptic training
- Ambulatory Blood Pressure Monitoring

## **Drugs**

- Drugs not approved by the Food and Drug Administration (FDA).
- Drugs from manufacturers that do not have a current rebate agreement with the Health Care Financing Administration (HFCA) also called the Centers for Medicare and Medicaid Services (CMS).
- Drugs determined to be "less than effective" by the federal government. (Drug Efficacy Studies Implementation? DESI 5 and 6).

## **Equipment, Supplies, and Devices**

- Equipment, supplies and devices not primarily medical in nature.
- Penile and testicular prostheses and related services
- Personal care items including but not limited to shampoos, toothpaste, toothbrushes, mouth washes, denture cleansers and adhesives, shoes slippers, clothing, laundry services, baby oil and powder, sanitary napkins, soaps, lip balm, band aids.
- Non-medical items including but not limited to books, telephone, beepers, radios, linens, clothing, television sets, computers, air conditioners, air purifiers, fans.
- Educational supplies
- Standard household items including but not limited to cooking utensils, blenders and furniture.
- Beds, including, but not limited to lounge beds, bead beds, water beds, day beds; overbed tables, bed lifters, bed boards, be side rails, if not an integral part of a hospital bed.
- Food, health foods and food supplements.
- Tinted lenses except for aphakia
- Contact lenses for cosmetic purposes; bifocal contact lenses.
- Oversized lenses
- Blended or progressive bifocal lenses.
- Tinted or absorptive lenses (except for aphakia, albinism, glaucoma, medical photophobia)
- Trifocal lenses (except as a specific job requirement)
- Spare glasses
- In the ear hearing aids, hearing aid glasses

## **Dental Services**

- All non-emergency dental services for recipients over 20 years of age
- For recipients under 21 years of age,
  1. Orthodontic services except following repair of a cleft palate or other severe developmental defect or injury in a child for which the functions of speech, swallowing or chewing cannot be restored
  2. Fixed bridge work
  3. Plaque control and nutritional counseling
  4. Gold crowns and gold inlays
  5. Procedures, appliances or restorations solely for cosmetic purposes

## **Miscellaneous Services and Items**

- Acupuncture
- Biofeedback
- Chiropractic services
- Christian Science services
- Faith healing
- Hypnosis
- Massage treatment by masseurs
- Naturopathic services
- Physician assistant services
- Certified registered nurse anesthetist (CRNA) services
- Obesity treatment such as weight control classes, weight loss programs and specially prepared diets
- Swimming lessons, summer camp, gym membership, smoking cessation classes.

## **Miscellaneous Services and Items**

- Topical application of oxygen
- HCPCS codes in the range C0001-C9999—Temporary Codes for Use with only with Medicare Outpatient PPS.
- HCPCS codes in the range S0001-S9999—codes developed by Blue Cross/Blue Shield and other commercial payers to report drugs, services, and supplies and not for use to bill services paid under Medicare.

**SERVICES/ITEMS  
THAT REQUIRE AUTHORIZATION**

ITEM/SERVICE	FORM	COMMENTS
<b>TRANSPORTATION</b>		
Air Transportation--out-of-state	1144	
Air Transportation--inter-island	208	
HandiCab and HandiVan	1160	Forms are obtained by the patient from the patient's DHS worker
Taxi	1135	Forms are obtained by the patient from the patient's DHS worker
<b>MEDICAL SUPPLIES</b>		
All medical supplies with charges over \$50.00 per month (except diabetic supplies)	1144	
<b>DURABLE MEDICAL EQUIPMENT/PROSTHETIC DEVICES AND ORTHOTIC DEVICES (DMEPO)</b>		
All purchases, rentals, repairs, maintenance of DMEPO with charges over \$50.00 per month per item	1144	
<b>ENTERAL/PARENTERAL SUPPLIES/EQUIPMENT</b>		
All enteral formula/parenteral nutrition and supplies (gravity bags, syringes, tubes, etc.)	1144	Providers that are NOT home infusion providers should send 1144 forms to the Medicaid Fiscal Agent, ACS; Providers that are home infusion providers should send 1144 forms to Pharmacy Fiscal Agent, ACS/Consultec
<b>HOME INFUSION SERVICES</b>		
All home infusion services	1144	Send 1144 forms to ACS Consultec
<b>HOME HEALTH AGENCY SERVICES</b>		
Skilled Nursing Visits	1144	
Home Health Aide Visits	1144	
Occupational Therapy	1144	
Physical Therapy	1144	
Speech Therapy	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>DRUGS</b>		
Certain single source drugs; multiple source drugs with generic equivalents that have federal upper limits	1144	Send 1144 forms to Consultec; for a complete listing of drugs that require authorization, see Appendix 6.
<b>VISION, SPEECH AND HEARING ITEMS AND SERVICES</b>		
Trifocal lenses and associated services	1144	
Contact lenses and associated services	1144	
Low vision aids	1144	
Telescopic/compound lens systems	1144	
Prosthetic eyes and associated services and supplies	1144	
Balance lenses; slab off prism lenses; prisms; press-on lenses (Fresnell prism); special base curve lenses	1144	
Tinting of lenses	1144	
Anti-reflective coating of lenses	1144	
U-V lenses	1144	
Scratch resistant coating of lenses	1144	
Occluder lenses	1144	
Not otherwise classified vision services	1144	
Augmentative Communication Devices— purchase, rental, maintenance, repairs, modifications	1144	
Speech, language, voice, communication evaluation and treatment	1144	
Aural rehabilitation following cochlear implant	1144	
Swallowing and oral functioning evaluation and treatment	1144	
Hearing aids—purchase, rental, maintenance, repairs, modifications, insurance	1144	
<b>DENTAL ITEMS AND SERVICES</b>		
Medicaid recipients 21 years of age and older receive only EMERGENCY DENTAL SERVICES; the following dental services require authorization ONLY when provided to Medicaid recipients under 21 years of age		



ITEM/SERVICE	FORM	COMMENTS
<b>DENTAL ITEMS AND SERVICES (Continued)</b>		
Dental treatment done in inpatient or outpatient hospital under general anesthesia	1144	
Tomographic Survey	1144	
Topical application of fluoride for Medicaid recipients over 18 years of age	1144	
Crowns (except prefabricated stainless steel crowns)	1144	
Unspecified oral surgery, orthodontic procedures, adjunctive procedures	1144	
General anesthesia	1144	
<b>SURGERY</b>		
<b>Generally in CPT Code Range 10000-19999</b>		
Removal/destruction of benign skin lesions by paring, cutting, shaving, excision, laser, etc.	1144	Flat, juvenile warts, fibrocuteaneous tags, leukoplakia, actinic or senile keratoses, keratocanthomas, facial nevi require authorization. Authorization is also required for removal of benign lesions in CPT code ranges other than 10000-19999. Molluscum contagiosum, plantar, palmar and finger tip warts and venereal warts do not require authorization.
Tattooing to correct color defects of skin	1144	
Subcutaneous injection of "filling" material (collagen)	1144	
Application of xenograft	1144	
Dermabrasion, salabrasion, and chemical peels	1144	
Blepharoplasty	1144	
Rhytidectomy	1144	
Excision of excessive skin and subcutaneous tissue	1144	
Grafts for facial nerve paralysis	1144	
Epilation by electrolysis	1144	
Mastectomy for gynecomastia, mastopexy, reduction and augmentation mammoplasties	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>Generally in CPT Code Range 10000-19999 (Continued)</b>		
Insertion of breast prosthesis	1144	
Breast, nipple/areola reconstruction	1144	
<b>Generally in CPT Code Range 20000-29999</b>		
Cartilage graft (nasal septum), fascia lata graft	1144	
Non-operative ultrasound to aid bone healing	1144	
Impression and custom preparation of oral or facial prostheses and related services	1144	
Genioplasty	1144	
Reconstruction of face and associated services (craniofacial, orbital and maxillofacial)	1144	
Costotransversectomy	1144	
Ostectomy of sternum	1144	
Reconstructive repair of pectus excavatum	1144	
Pollicization of a digit	1144	
Transfer of a finger to another position		
Osteotomy of first metatarsal with autograft	1144	
Reconstruction of toes	1144	
Temporomandibular joint arthroscopy	1144	
<b>Generally in CPT Code Range 30000-49999</b>		
Rhinophyma-excision or surgical planing	1144	
Rhinectomy and rhinoplasty	1144	
Septoplasty, septal/intranasal dermatoplasty, repair of nasal septal perforation and other procedures on the nose	1144	
Laryngoscopy with stroboscopy	1144	
Gingivoplasty, alveoloplasty, other unspecified surgery on dentoalveolar structures	1144	
Palatopharyngoplasty, uvulopalatopharyngoplasty	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>Generally in CPT Code Range 30000-49999 (Continued)</b>		
Gastric restrictive procedures with or without gastric bypass	1144	
Repair of reducible, non-incarcerated incisional, ventral, epigastric, umbilical hernias	1144	
<b>Generally in CPT Code Range 50000-59999</b>		
Lithotripsy	1144	
Revision of urinary-cutaneous anastomosis with repair of fascial defect and hernia	1144	
Cystourethroscopy with lithotripsy	1144	
Circumcision, except newborn	1144	
Cavernosometry, injection of corpora cavernosa	1144	
Removal/repair of penile prosthesis	1144	
Plastic operation on penis for injury		
Epididymovasostomy		
Vasectomy	1146	Must meet all consent and notification requirements
Vasovasostomy, vasovasorrhaphy	1144	
Tubal ligation ( any method including fulguration, occlusion, transection)	1146	Must meet all consent and notification requirements
Clitoroplasty; vaginoplasty	1144	
Hysterectomy	1145	Must meet all consent and notification requirements
Pelvic enteration for gynecologic malignancy with hysterectomy	1145	Must meet all consent and notification requirements
Uterine suspension	1144	
<b>Generally in CPT Code Range 60000-69999</b>		
Craniotomy for lobotomy, including cingulotomy	1144	
Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator)	1144	
Neurostimulator and surgical services associated with implantation, replacement, revision, removal, etc.	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>Generally in CPT Code Range 60000-69999 (Continued)</b>		
Subarachnoid catheter and surgical services associated with insertion, replacement, removal, etc.	1144	
Sympathectomy	1144	
Multiple punctures of anterior cornea	1144	
Keratomileusis	1144	
Exchange of intraocular lense	1144	
Strabismus surgery	1144	
Unlisted procedures on ocular muscles	1144	
Blepharoptosis repair, correction of lid retraction	1144	
Otoplasty for protruding ear	1144	
Implantation or replacement of electronic bone conduction hearing device in temporal bone	1144	
Cochlear device implantation and related services		
<b>PODIATRIC SERVICES</b>		
Outpatient/Inpatient services over than \$100.00	1144	
<b>RADIOLOGY</b>		
Magnetic Resonance Imaging (MRI)	1144	
Magnetic resonance spectroscopy, magnetic resonance angiography	1144	
Complex dynamic pharyngeal and speech evaluation	1144	
Hysterosonography	1144	
Hyperthermia	1144	
Positron emission tomography (PET) imaging	1144	
<b>LABORATORY</b>		
Autologous blood or component, collection processing and storage; predeposited	1144	
Bone marrow, modification or treatment to eliminate cells (e.g. T-cells, metastatic carcinoma)	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>LABORATORY (Continued)</b>		
Tissue culture for non-neoplastic and neoplastic disorders;	1144	
Chromosome analysis	1144	
Cryopreservation, freezing and storage of cells, each cell line	1144	
Thawing and expansion of frozen cells	1144	
Molecular cytogenetics	1144	
<b>PSYCHIATRIC/PSYCHOLOGIC SERVICES</b>		
Psychotherapy (both individual and group)	1018	For outpatient psychotherapy
Psychoanalysis	1018	
Electroconvulsive therapy	1144	
Psychologic/Neuropsychologic testing	1144	
Psychiatric Inpatient Admission	1144	
Clozapine Medical Management	1144	
<b>NEUROLOGY AND NEUROMUSCULAR SERVICES</b>		
Sleep studies including polysomnography and all night sleep electroencephalogram (EEG)	1144	
Muscle testing , manual	1144	
Range of Motion measurements	1144	
Monitoring for identification and lateralization of cerebral seizure focus	1144	
Functional cortical and subcortical mapping to provoke seizures or identify vital brain structures	1144	
Electronic analysis of complex cranial nerve Neurostimulator pulse generator/transmitter	1144	
<b>PHYSICAL THERAPY AND OCCUPATIONAL THERAPY</b>		
Physical therapy re-evaluation	1144	
Occupational therapy re-evaluation	1144	

ITEM/SERVICE	FORM	COMMENTS
<b>PHYSICAL THERAPY AND OCCUPATIONAL THERAPY (Continued)</b>		
Physical therapy and occupational therapy modalities, therapeutic procedures, tests and measurements	1144	
Admission to Acute Rehab Facility	1144	
<b>MISCELLANEOUS MEDICAL SERVICES</b>		
Circadian respiratory pattern recording (pediatric pneumogram)	1144	
Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction	1144	
Unlisted allergy/clinical immunologic service	1144	
Unlisted special service, procedure, report	1144	
Handling, conveyance, and/or other service associated with an order involving devices fabricated by outside laboratories	1144	
<b>EPSDT SERVICES</b>		
Case Management for Medically Fragile Children	1144	
Skilled Nursing Visits	1144	