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 why 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 provider 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.
 - 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 Provider the net charge billed to Medicaid.
 - 14. Allowance If applicable, provide the Medicaid allowance made toward the claim.
 - 15. Remarks Provider any additional information, if applicable, that may clarify an inquiry.