

Changes to Medicaid Claims Processing – Effective: October 25, 2002

Please Forward to your Billing Office

October Issue 2

MEDICAL ASSISTANCE COUPONS

The Medical Assistance Coupons serve as temporary identification cards to assist in identifying an individual. The coupon does not itself verify the eligibility of an individual and therefore, does not guarantee that Medicaid will cover any medical services.

Using information on the coupon, a provider may confirm the eligibility of a patient by accessing the AVRS. Eligibility is required in HPMMIS for a Medicaid claim to be processed.

Because eligibility will be current and accessible by providers, the DHS anticipates the requirement for Coupons to decrease. Generally, a Coupon will not be issued by state staff if eligibility exists in HPMMIS. However, the DHS has identified a few instances where the eligibility in HPMMIS may not be current and therefore, a Coupon must be issued (i.e. a person is determined eligible and is seeking care the same day, partial spenddown is met in the day, etc).

Providers will be responsible for verifying eligibility at the time of service for the recipient. Several options will be available at no cost to providers to verify eligibility:

- ◆ Automated voice response system (AVRS): 1-800-882-4608
- ◆ Web-based eligibility verification system (phased release after Nov. 2002)
- ◆ ACS Provider Inquiry Unit (active Nov 1, 2002, 7:30 am - 5:00 pm M-F): 952-5570(Oahu), 1-800-235-4378 (Neighbor Islands)
- ◆ MQD Provider Hotline: 692-7360 (Oahu), 1-800-518-8887 (Neighbor Islands)

SURGICAL TRAY BILLING

Providers billing for surgical trays must utilize appropriate coding as listed below:

Tray	Coding for the Tray	Description
Small Tray	A4550 with modifier 52	Suture removal, dressing change
Medium Tray	A4550	Surgical procedures valued less than 10 surgical units or allowance less than \$200.00
Large Tray	A4550 with modifier 22	Surgical procedures valued at more than 10 surgical units or allowance greater than \$200.00

PRIOR AUTHORIZATION

Prior Authorizations (PA) spanning the calendar year will be split into two PA requests. Providers must specify the number of service units per time period (i.e. 3 visits per month for 1 year) to ensure accurate distribution of services over the time period requested.

Many Prior Authorization forms have changed. With the exception of the Form 208, 1150,1150a, PA forms are no longer multi-copy forms. PA forms can be electronically downloaded from the MQD website at www.medQUEST.us or copied from the Provider Manual. The revised PA forms are attached for your reference (Appendix A). Please refer to the MQD website at www.medQUEST.us or call the ACS Provider Inquiry Unit for instructions regarding the new PA forms. In addition, the Billing Instructions for the HCFA 1500-claim form are attached for your reference (Appendix B).

NEW PROVIDER MANUAL AVAILABLE ON THE WEB!

The New Medicaid Provider Manual is now accessible at the MedQUEST Website at www.medQUEST.us. Provider Manuals will be placed on CDs and mailed out to Providers through the month of November.

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ANESTHESIA PROVIDERS

Anesthesia providers must submit time (as minutes) and units on claims for appropriate reimbursement. Time units are as follows:

- F = First hour—each 15 minutes is equal to 1 unit
- A = After the first hour—each 15 minutes is equal to 1 unit

Minutes must be entered in Form Locator (FL) 24G defined as “Days or Units.” Units (calculated as described above) should be entered under the ASA/CPT anesthesia code in Form Locator (FL) 24D defined as “Procedures, Services, or Supplies.”

AIR TRAVEL REQUESTS

Providers submitting requests for inter-island air travel authorization will need to follow these guidelines for requests. The Form 208 will be used ONLY for prior authorization of inter-island air travel. It will no longer be accepted by airlines as valid travel vouchers. All reservations must be made by MQD.

Non-Urgent Inter-island Travel

Providers must mail a completed Form 208 to ACS for processing. A copy of the original Form 208 will be returned to the Provider and to the Eligibility worker upon authorization of travel. The MedQUEST Division Finance Office will make the reservations according to the information on the 208 PA form and send a letter of approval and the itinerary to the recipient.

All Out-of-State Travel

Providers must mail (or fax if urgent) a completed 1144 PA form for travel to ACS for processing. An 1144 PA form for the specific out-of-state service(s) must be sent at the same time. If approved, two (2) letters will be sent to the provider upon approval of the travel. One letter will be the approval of travel and meals and lodging (if applicable). A separate letter will be sent to the requesting provider and the rendering provider authorizing the service(s). If urgent, the requesting provider will be called. The recipient or requesting provider must contact Panda Travel to schedule the trip. MQD will approve the itinerary.

Urgent Inter-island Travel

Providers must fax a completed 208 PA form to ACS for processing. A copy of the original 208 PA form will be faxed back to the Provider. The Provider will need to notify the recipient to pick-up a travel coupon from their eligibility worker for travel.

ACS Contact information

Effective November 1, 2002:

Claims:	P.O. Box 1220 Honolulu, HI 96807-1220
PA:	P.O. Box 2561 Honolulu, HI 96804-2561
Urgent PA Fax #:	952-5562 (effective 10/25/02)
Correspondence:	1440 Kapiolani Blvd., Suite 1400 Honolulu, HI 96814

Provider Inquiry Unit Phone #s

Oahu: 952-5570

Neighbor Islands: 1-800-235 -4378