



MedicAide

An informational newsletter for Idaho Medicaid Providers

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

December 2008

National Provider Identifier (NPI)

NPI is Now! Are You Using It?

Are you finding NPI ZIP code errors (054 or 055) on your Remittance Advice?

The order in which we process certain information on your electronic claims changed November 2008. This change decreased the number of claims we deny because of taxonomy code errors, but you may be finding additional ZIP code errors.

What changed? We use the 9-digit ZIP code before the taxonomy code to complete the NPI to Idaho Medicaid provider number linking.

Why make this change now? We made this change to accommodate the nearly endless combination of provider claim submission software and claim clearinghouse needs. Idaho Medicaid is processing in the order listed below to help providers who are unable to submit two different taxonomy codes or who must submit distinct 9-digit ZIP codes to identify the appropriate service location.

To adjudicate the claim, the NPI you submit must ultimately link to **only one** Idaho Medicaid provider number. To find the Idaho Medicaid number, the 9-digit ZIP code is considered *before* the taxonomy code.

1. NPI
2. Electronic claim type – Professional, Dental, Institutional, or NCPDP
3. Service location 9-digit ZIP code
4. Taxonomy code

What does this mean for you?

Claims that denied in the past due to taxonomy code problems may no longer deny. You must ensure the 9-digit ZIP code you submit on the claim matches the 9-digit ZIP code registered on the Idaho Medicaid NPI Registration Web site for these changes to work for you. You can verify your registered 9-digit ZIP codes at <https://npi.dhw.idaho.gov>.

Still have questions? Your local provider relations consultant (PRC) is available to help you with NPI registrations and claim issues. You can also email your questions to NPIHD@dhw.idaho.gov. The PRC phone numbers are listed in the sidebar on page 5.



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

Providers Who Submit Medicare Crossover Claims

Is your clearinghouse rejecting your crossover claims?

Some providers are experiencing Medicare crossover claim rejections when they submit a taxonomy code in both the billing (loop 2000A) and rendering (2310B) loops of their electronic claims. If you are unable to submit the appropriate taxonomy code, or your clearinghouse or Medicare is rejecting your crossover claims, you have the following options:

1. Apply for an additional NPI for each provider type (e.g., one NPI for pharmacy crossover claims and a different NPI for DME crossover claims).
2. Resubmit the claim to Idaho Medicaid using PES.
3. Resubmit the claim to Idaho Medicaid on paper.

In some cases, reclassifying existing Idaho Medicaid provider numbers or adding additional numbers may eliminate the situation. To explore this possibility, please e-mail the specifics of your situation to NPIHD@dhw.idaho.gov.

Providers must decide which option is best for them. For questions about this type of claim rejection, please call your provider relations consultant (PRC). The PRC phone numbers are listed in the sidebar on page 5.

Additional NPI Changes Coming Early 2009

We are continuing to develop new processing logic to match one NPI to one Idaho Medicaid provider number. We are gearing up to implement this enhancement to the claims payment system in early 2009. Look for more information in the next newsletter.

Still not sure what an NPI is and how you can get it, share it, and use it? Find more information on the NPI at www.cms.hhs.gov/NationalProviidentStand. Providers can apply for a new or additional NPI online at <https://nppes.cms.hhs.gov> or call the NPI enumerator at (800) 465-3203, to request a paper application.

MEDICAID INFORMATION RELEASE 2008-20

To: Medicaid Durable Medical Equipment Providers
From: Leslie Clement, Administrator
Division of Medicaid
Subject: New Pricing Methodology for Incontinence Supplies

The 2006 Idaho Legislature, through House Concurrent Resolution (HCR) #51, encouraged the Department of Health and Welfare to seek opportunities for consolidated purchasing, to increase purchasing power and improve cost-effectiveness. In an effort to comply with the intent of HCR 51, in 2007, Idaho pursued the potential to provide these services through a single provider. Recently, the state initiated a competitive bid process for incontinence supplies, but due to technical issues the process was never completed.

During the Request for Proposal (RFP) process, many of you said you understand Idaho's need to be cost-effective, but thought the department should consider lowering the fee schedule rather than seeking a selective contract.

DHW Contact Information

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

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

◆ **Medicaid Fraud and Program Integrity Unit**
PO Box 83720
Boise, ID 83720-0036
Fax: (208) 334-2026
prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

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

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

◆ **Region III - Caldwell**
(208) 455-7244
(208) 642-7006
(800) 494-4133

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

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

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

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

◆ **In Spanish (en Español)**
(800) 378-3385

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**Prior Authorization
Contact Information**

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

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

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

Transportation

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

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

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

Insurance Verification

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

Continued from Page 2 (IR 2008-20)

Based on the comments during the RFP process, the Division of Medicaid staff compared Idaho's fee schedule with states that have either a single or minimal source contract. Based on our review, we found significantly lower rates for states using selective contracts. On average, Michigan's fees are 46 percent lower and Wisconsin's fees are 17 percent lower than Idaho Medicaid's current fee schedule.

Due to these findings, and the Governor's direction for state agencies to hold back one percent of their general fund budgets (Executive Order 2008-03), Idaho Medicaid is adjusting its fee schedule for incontinence supplies by approximately 17 percent. This is consistent with the fees for states using selective contracting and retains some parity with the surrounding region. A fee schedule outlining changes by HCPCS code is attached.

Any provider can choose not to supply incontinence supplies to Idaho Medicaid participants by informing the Idaho Department of Health and Welfare in writing of their decision.

LMC/rs

Attachments

Fee Schedule Changes - Effective December 1, 2008

Incontinence Supplies

HCPCS	Current Reimbursement	Proposed Reimbursement	Change
A4310	\$6.26	\$5.01	- \$1.25
A4311	\$12.04	\$12.04	\$0.00
A4312	\$14.62	\$12.79	- \$1.83
A4313	\$15.02	\$12.79	- \$2.23
A4314	\$20.50	\$17.05	- \$3.45
A4315	\$21.39	\$21.39	\$0.00
A4316	\$23.03	\$18.42	- \$4.61
A4320	\$6.04	\$4.83	- \$1.21
A4322	\$2.53	\$2.53	\$0.00
A4326	\$10.29	\$8.23	- \$2.06
A4327	\$42.56	\$34.05	- \$8.51
A4328	\$9.42	\$8.13	- \$1.29
A4331	\$3.04	\$3.04	\$0.00
A4332	\$0.12	\$0.10	- \$0.02
A4333	\$2.10	\$2.10	\$0.00
A4334	\$4.71	\$4.19	- \$0.52
A4338	\$11.70	\$9.36	- \$2.34
A4340	\$30.28	\$24.22	- \$6.06
A4344	\$12.99	\$11.58	- \$1.41
A4346	\$15.89	\$15.89	\$0.00
A4349	\$2.02	\$1.72	- \$0.30
A4351	\$1.47	\$1.31	- \$0.16
A4352	\$6.12	\$4.90	- \$1.22
A4353	\$6.67	\$6.67	\$0.00
A4354	\$10.58	\$8.46	- \$2.12
A4355	\$7.23	\$6.43	- \$0.80
A4356	\$36.99	\$29.59	- \$7.40
A4357	\$7.86	\$6.54	- \$1.32
A4358	\$5.38	\$4.30	- \$1.08

Continued on Page 5 (IR 2008-20)

Fee Schedule Changes Effective December 1, 2008

Diapers, Pads, and Other Incontinence Garments

HCPSCS	Current Reimbursement	Proposed Reimbursement	Change
T4521	\$0.56	\$0.48	- \$0.08
T4522	\$0.66	\$0.60	- \$0.06
T4523	\$0.76	\$0.72	- \$0.04
T4524	\$0.85	\$0.77	- \$0.08
T4525	\$0.67	\$0.54	- \$0.13
T4526	\$0.78	\$0.62	- \$0.16
T4527	\$0.92	\$0.74	- \$0.18
T4528	\$1.02	\$0.82	- \$0.20
T4529	\$0.51	\$0.41	- \$0.10
T4530	\$0.59	\$0.47	- \$0.12
T4531	\$0.58	\$0.46	- \$0.12
T4532	\$0.67	\$0.54	- \$0.13
T4533	\$0.60	\$0.48	- \$0.12
T4534	\$0.65	\$0.52	- \$0.13
T4535	\$0.42	\$0.34	- \$0.08
T4536	\$8.41	\$6.73	- \$1.68
T4537	\$15.55	\$14.07	- \$1.48
T4539	\$13.97	\$11.18	- \$2.79
T4540	\$12.38	\$9.90	- \$2.48
T4541	\$0.31	\$0.25	- \$0.06
T4542	\$0.25	\$0.24	- \$0.01

“Roll Down Effect”:

Medicaid Claims that have Other Insurance Payments

When we process Idaho Medicaid claims that have other insurance payments Medicaid applies those other insurance payments by “rolling down” the payment. The only exception to this processing logic is Medicare claims that crossover electronically from Medicare directly to Idaho Medicaid.

Other insurance payments are processed using the “roll down effect.” For example, if the other insurance paid \$5.00 for a particular claim detail line, it is assumed that \$5.00 will be processed for that specific line item. This is not true. Medicaid deducts any insurance payments from the **total** Medicaid allowed amount for the entire claim. This is not figured on each detail, line-per-line as the insurance company allowed. The insurance payment is deducted from the first payable Medicaid service detail line and carried down to the next consecutive detail line until all the insurance payment is used. Hopefully, this will provide a clear explanation of how Medicaid processes other insurance payments.

If you have questions, please call MAVIS at (800) 685-3757. If you would like to speak with a provider service representative when you call, ask for an agent.

EDS Contact Information

- ◆ **MAVIS**
Phone: (800) 685-3757
(208) 383-4310
 - ◆ **EDS Correspondence**
PO Box 23
Boise, ID 83707
 - ◆ **Medicaid Claims**
PO Box 23
Boise, ID 83707
 - ◆ **PCS & ResHab Claims**
PO Box 83755
Boise, ID 83707
- ### EDS Fax Numbers
- ◆ **Provider Enrollment**
(208) 395-2198
 - ◆ **Provider Services**
(208) 395-2072
 - ◆ **Participant Assistance Line**
Toll free: (888) 239-8463

**Provider Relations
Consultant Contact
Information**

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

◆ **Region 2**
Darlene Wilkinson
1118 F Street
PO Drawer B
Lewiston, ID 83501
Phone: (208) 799-4350
Fax: (208) 799-5167
EDSPRC-Region2@eds.com

◆ **Region 3**
Mary Jeffries
3402 Franklin
Caldwell, ID 83605
Phone: (208) 455-7162
Fax: (208) 454-7625
EDSPRC-Region3@eds.com

◆ **Region 4**
Angela Applegate
1720 Westgate Drive, # A
Boise, ID 83704
Phone: (208) 334-0842
Fax: (208) 334-0953
EDSPRC-Region4@eds.com

◆ **Region 5**
Trudy DeJong
601 Poleline, Suite 3
Twin Falls, ID 83303
Phone: (208) 736-2143
Fax: (208) 678-1263
EDSPRC-Region5@eds.com

◆ **Region 6**
Abbey Durfee
1070 Hilline Road
Pocatello, ID 83201
Phone: (208) 239-6268
Fax: (208) 239-6269
EDSPRC-Region6@eds.com

◆ **Region 7**
Ellen Kiester
150 Shoup Avenue
Idaho Falls, ID 83402
Phone: (208) 528-5728
Fax: (208) 528-5756
EDSPRC-Region7@eds.com

MEDICAID INFORMATION RELEASE #MA08-19

To: All Hospice Providers
From: Leslie M. Clement, Administrator
Division of Medicaid
Subject: Hospice Rates

Effective for dates of service on or after 10/01/08, Medicaid has revised its hospice rates as follows:

<u>Revenue Code/Description</u>	<u>Rural</u>	<u>Urban Ada/Canyon County</u>
651 - Routine Care	\$123.76	\$139.34
652 – Continuous Care	\$722.30	\$813.29
655 – Respite Care	\$131.58	\$144.28
656 – General Inpatient Care	\$555.46	\$620.07

If you have already been paid at the previous rate for dates of service on or after 10/1/2008, you can submit claim adjustments to correct your reimbursement to the new rate.

The Hospice cap will be \$22,386.15.

If you have any questions, please contact the Division of Medicaid's Senior Financial Specialist at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

LMC/sp

2009 Allowance Changes for Medicaid Participants:

Rent, Utilities, and Food (RUF) Basic Allowance

January 1 of each year, the personal needs allowance (PNA) increases for Medicaid participants who are receiving residential care. The PNA is the portion of the individuals' income that they must use for their basic needs and the cost of rent, utilities, and food (RUF).

The monthly PNA for a person living in an assisted living or residential care facility for calendar year 2009 is \$674. Of that amount, \$90 is designated for the individual's basic needs and \$584 is designated for the RUF.

Get Ready for 1099 Forms

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

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

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

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

If you need to make any corrections, please submit your updates using the Change of Provider Information Authorization form. The provider must sign this form to authorize a change in the pay-to name or address, or the tax identification number. You can either fax it to EDS Provider Enrollment at (208) 395-2198, or mail it to EDS Provider Enrollment at PO Box 23, Boise, ID 83707.

By taking a few minutes to verify your correct information now, you can save time and frustration in the future.

If you have questions, please call EDS toll free at (800) 685-3757 or in the Boise area at 383-4310 and ask for 'Provider Enrollment'.

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

Mail to: EDS
Provider Enrollment
P.O. Box 23
Boise, ID 83707

Fax to: EDS
Attn: Provider Enrollment
(208) 395-2198

Information: (800) 685-3757

IRS Exempt Status for Personal Care & Residential Habilitation Service Providers

You can use this notice to submit to the Internal Revenue Service (IRS) for your taxes.

In May 2004, the Idaho Department of Health and Welfare (IDHW) met with the Boise IRS to discuss the tax status of 24-hour personal care and residential habilitation service providers. The current ruling is that IDHW payments to these providers meet the following tax exempt criteria in Section 131 of the IRS Code:

- Services are provided in the provider's home.
- A state agency, IDHW, is paying for the services.
- The individuals require a high level of care and supervision. Without the personal care or residential habilitation services, the individual would need care in a nursing home or an intermediate care facility for the mentally retarded. In addition, the Medicaid payment is only for the care provided and not for room and board.

Go to Internet Web site www.irs.gov for general tax information. Go to <http://www.irs.gov/pub/irs-pdf/p17.pdf>, pages 88 & 89 of IRS Publication 17 to read an explanation in layman's terms. Refer to Foster Care Providers, Difficulty-of-Care Payments, and Reporting Taxable Payments.

It is possible that the IRS might not have all the information on the care component. This letter may provide clarification for the IRS. Please consult the IRS or a professional tax preparer if you have additional questions.

Sincerely,

Financial Department
EDS, an HP company
Idaho Title XIX, Medicaid

Paper Claims: Do Not Require National Provider Identifier (NPI)

Your NPI is for electronic claims processing. However, paper claims require a valid Idaho Medicaid provider identification number for processing. You can put your NPI on the paper claim, but it is not required. Paper claims are processed using your provider identification number.

Please make sure your provider identification number is in the correct field of the paper claim and is legible for scanning. Remember, a computer will read the claim data so legibility and alignment within the field is very important.

The paper CMS-1500 professional claim form requires a qualifier: **1D** (one-D), to be placed in front of your 9-digit Idaho Medicaid provider identification number in field **33b** (for example: **1D**012345678). It should be legible and aligned within the field. The **1D** qualifier should be entered into field **24I** when a rendering provider's Idaho Medicaid provider identification number is listed in the pink area of field **24J**. Healthy Connections referral provider numbers entered in field **17A** also require a **1D** qualifier preceding the 9-digit number.

You will find specific instructions for filling out claim forms at the end of Section 3 in your *Medicaid Provider Handbook*.

Preventive Health Assistance (PHA)

Preventive Health Assistance (PHA) is a benefit that is available to most eligible Medicaid participants. It has a behavior and a wellness component designed to help participants live a healthy lifestyle.

Weight Management and Tobacco Cessation (Behavior)

Do you have Medicaid patients who are obese or significantly underweight? Do they use tobacco?

If so, they may qualify for assistance through the PHA benefit. The PHA behavioral benefit helps Medicaid participants who want to improve their health by quitting tobacco or by losing/gaining weight. This benefit has helped over 800 Medicaid participants improve their health this year.

Are all Medicaid participants eligible for the PHA behavior benefit?

No. Medicaid participants must call the PHA Unit to apply for PHA benefits.

What does the PHA benefit cover?

Fees for a weight management program and prescription products (including Chantix, inhalers, nose sprays) and over the counter tobacco cessation products (including gum, patches, lozenges).

What are the criteria for the weight management benefit?

Participants must be 5 years or older and have a body mass index in the obese or underweight range.

Are tobacco cessation products covered on the Medicaid card?

No. Tobacco cessation products are only covered through the PHA benefit.

How do pharmacies become PHA approved?

Call the PHA Unit toll free at (877) 364-1843 for information on becoming a vendor for PHA.

How do medical professionals or their patients find out if they are eligible?

Call the PHA Unit toll free at (877) 364-1843. Participants can apply for benefits over the phone.

If you would like more information about the PHA behavior benefit, please contact us toll free at (877) 364-1843, or email us at phaprogram@dhw.idaho.gov.

Wellness PHA

Who is eligible?

Children of parents who pay a monthly premium (\$10 or \$15) for their Idaho Health Plan coverage are automatically enrolled in the Wellness PHA.

How does it work?

Parents can earn 30 PHA points (\$30) every 90 days for their children by keeping them up-to-date on immunizations and well-child checks. PHA follows the American Academy of Pediatrics schedule for well-child checks.

How can these points be used?

Medicaid will use the wellness points participants earn to reduce the participant's Medicaid premium bills.

Well Child Check-up Schedule

Age						
Infant	1 Week-1	2 Month	4 Month	6 Month	9 Month	12 Month
1-2 yr	15 months		18 months		24 months	
2-21 yr	1 check-up every year					

How can providers help?

Be sure to bill well-child checks with the primary diagnoses **V20.1** or **V20.2** and the appropriate CPT code (see provider handbook). Please note, if a child comes in for a well-child check and presents sick, you can bill for both the well-child check and the E&M, as long as both exams were performed. E&M procedures require the medical diagnosis and should not be billed with V20.1/V20.2.

If you would like more information about the PHA wellness benefit, please contact us toll free at (877) 364-1843, or email us at phaprogram@dhw.idaho.gov.

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## Why Is It Necessary To Bill Usual And Customary Charges?

There is a risk involved in only billing what you expect Medicaid to pay. When there is a rate increase, if you have not billed the new rate, your claims will not pay at the higher rate. When automated mass adjustments are initiated to repay claims at a new, higher rate, your claim will not be automatically adjusted for more than your billed amount.

Adjust claims electronically or on paper using an Adjustment Request form found in the *Provider Handbook, Appendix D, Forms*, to request the higher payment when you find you billed the lower charge.

Billing your "usual and customary" charges routinely will help ensure that your claims are paid at the highest rate for which they qualify, without the extra work of adjusting claims.

*The Idaho Medicaid Provider Handbook,  
Section 2 - General Billing Information, item 2.1.1 Medicaid Billing Policies states:  
"Providers should charge their usual and customary fee for services and submit those charges  
to Medicaid for payment consideration."*

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For Your Information ...

Did you know that you can access the *MedicAide* newsletter online at www.healthandwelfare.idaho.gov?

Here's how you find it:

- Choose *Medicaid Provider Information* from the list on the right side of the screen
- Under the *Other Resources* heading on the right side listing, choose *Newsletters*
- You can obtain the current newsletter information as well as the archived history

Interpretive Services

Medicaid covers interpretation services to help participants who are deaf or have limited English proficiency (LEP) receive services from a fee-for-service provider.

Medicaid will pay the provider when it is necessary for the provider to hire an interpreter in order to communicate with a participant when they are providing a direct service. For referrals to interpreter services in Idaho, call the Idaho Careline at 2-1-1 or toll-free at (800) 926-2588. More information is available on the internet at www.211.idaho.gov, click on the e-Library link and then Interpreters.

Payments for interpretation services are subject to the following limitations:

- Medicaid will not pay for interpretation services for providers who cost audit settle with the Department of Health and Welfare. Medicaid includes these services in the provider's cost of doing business. This includes providers such as hospitals, home health agencies, rural health clinics, and long-term care facilities.
- Medicaid will not pay for interpretive services to help participants understand information or services that are not reimbursed by Medicaid.
- Medicaid will not pay for interpretive services when the provider of the service is able to communicate in the participant's language or sign language.
- Providers must use procedure code **8296A** to bill for interpretation services.

There is no difference in reimbursement if the interpreter is certified, partially certified, or non-certified and providing language services. This code pays per one hour unit. See Information Release MA03-54 at www.healthandwelfare.idaho.gov/site/3430/default.aspx for more information.

Effective December 1, 2006, providers billing for sign language interpretive services must use the following code: **T1013** - Sign Language Interpretive Services, per 15 minutes

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## Claim Appeals

To request a review of the reimbursement amount of a particular service, submit a written request to the EDS Correspondence Team. Include the following information:

- Provider number.
- Reason you feel you were not properly reimbursed.
- Supporting documentation.

If the claim was processed correctly, EDS will review the payment amount and send a written explanation if the claim was processed correctly. To appeal EDS' review or request a review of the reimbursement amount of a particular service, send a written request for appeal to the Idaho Department of Health and Welfare.

Include the following information with the appeal:

- A copy of EDS' review notice.
- A copy of the Adjustment Request form, if applicable. (Do not send an Adjustment Request form if the original claim was denied.)
- A copy of the claim, all attachments, and a new claim form for possible resubmission.

Medicaid will review the claim and respond with their determination.

Mail appeals to:

**Medicaid Claim Appeals**  
**Attn: Office of Medicaid Automated Systems (MAS)**  
**PO Box 83720**  
**Boise, Idaho 83720-0036**

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## Keep Your Staff Up-to-Date on Accurate Claims Processing

EDS' provider relations consultants (PRCs) continue to offer a series of provider workshops. Each consultant conducts a two hour regional workshop every two months to help providers in their region.

The topics include:

- Learn more about National Provider Identifier (NPI)
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS-1500

The next workshop is scheduled for all regions Tuesday, January 13, 2009, from 2:00 to 4:00 pm. Region 5 will be Tuesday, January 6, 2009.

EDS provides these training sessions at no cost to providers, but space is limited so please pre-register with your local PRC. Phone numbers for the PRCs are listed in the sidebar on page 5.



EDS  
PO BOX 23  
BOISE, IDAHO 83707



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## Holiday Office Closures

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

### Christmas

Thursday, December 25, 2008

&

### New Years Day

Thursday, January 1, 2009

### Reminder: MAVIS

(the Medicaid Automated Voice Information Service)

is available on state holidays at:  
(800) 685-3757 (toll free) or  
(208) 383-4310 (Boise local)

*MedicAide* is the monthly  
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for Idaho Medicaid  
providers.

Editor:  
Carolyn Taylor,  
Division of Medicaid

If you have any  
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