

EPSDT HEALTH SERVICES TRAINING

***Medicaid Issues for 2004
(Fall Issue)***

**LOUISIANA MEDICAID PROGRAM
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING**

UNISYS

ABOUT THIS DOCUMENT

This document has been produced at the direction of the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF), the agency that establishes all policy regarding Louisiana Medicaid. DHH contracts with a fiscal intermediary, currently Unisys Corporation, to administer certain aspects of Louisiana Medicaid according to policy, procedures, and guidelines established by DHH. This includes payment of Medicaid claims; processing of certain financial transactions; utilization review of provider claim submissions and payments; processing of pre-certification and prior authorization requests; and assisting providers in understanding Medicaid policy and procedure and correctly filing claims to obtain reimbursement.

This training packet has been developed for presentation at the Fall 2004 Louisiana Medicaid Provider Training workshops. Each year these workshops are held to inform providers of recent changes that affect Louisiana Medicaid billing and reimbursement. In addition, established policies and procedures that prompt significant provider inquiry or billing difficulty may be clarified by workshop presenters. The emphasis of the workshops is on policy and procedures that affect Medicaid billing.

This packet does not present general Medicaid policy such as standards for participation, recipient eligibility and ID cards, and third party liability. Such information is presented only in the Basic Medicaid Information Training packet. This packet may be obtained by attending the Basic Medicaid Information workshop; by requesting a copy from Unisys Provider Relations; or by downloading it from the Louisiana MEDICAID website, www.lamedicaid.com.



**FOR YOUR INFORMATION!
SPECIAL MEDICAID BENEFITS
FOR CHILDREN AND YOUTH**

I. MR/DD WAIVER WAITING LIST

The MR/DD Waiver Program provides services in the home, instead of institutional care, to persons who are mentally retarded or have other developmental disabilities. Each person admitted to the Waiver Program occupies a "slot." Slots are filled on a first-come, first-served basis. Services provided under the MR/DD Waiver are different from those provided to Medicaid recipients who do not have a Waiver slot. Some of the services that are only available through the Waiver are: *Respite Services; Substitute Family Care Services; Supervised Independent Living and Habilitation/Supported Employment*. There is currently a Waiting List for waiver slots.

**TO ADD YOUR NAME TO THE WAITING LIST FOR MR/DD WAIVER SERVICES,
CALL THIS TOLL-FREE NUMBER: 1-800-660-0488.**

II. BENEFITS FOR CHILDREN AND YOUTH ON THE MR/DD WAIVER WAITING LIST

CASE MANAGEMENT

If you are a Medicaid recipient under the age of 21 and have been on the MR/DD Waiver Waiting list at any time since October 20, 1997, you may be eligible to receive case management *NOW*.

YOU NO LONGER NEED TO WAIT FOR THIS SERVICE. A case manager works with you to develop a comprehensive list of all needed services (such as medical care, therapies, personal care services, equipment, social services, and educational services), then assists you in obtaining them.

**TO ADD YOUR NAME TO THE WAITING LIST FOR MR/DD WAIVER SERVICES,
CALL THIS TOLL-FREE NUMBER: 1-800-660-0488.**

III. BENEFITS AVAILABLE TO ALL CHILDREN AND YOUTH UNDER THE AGE OF 21

THE FOLLOWING SERVICES ARE AVAILABLE NOW. YOU DO NOT NEED TO WAIT FOR A WAIVER SLOT TO OBTAIN THEM.

EPSDT/KIDMED EXAMS AND CHECKUPS

Medicaid recipients under the age of 21 are eligible for checkups ("EPSDT screens"). These checkups include a health history, physical exam, immunizations, vision and hearing checks, and dental services. They are available both on a regular basis, and whenever additional health treatment or services are needed.

TO OBTAIN AN EPSDT SCREEN OR DENTAL SERVICES CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

EPSDT screens may help to find problems which need other health treatment or additional services. **Children under 21 are entitled to receive all necessary health care, diagnostic services, and treatment and other measures covered by Medicaid to correct or improve physical or mental conditions. This includes a wide range of services not normally covered by Medicaid for recipients over the age of 21.** Some of these additional services are very similar to services provided under the MR/DD Waiver Program. There is no waiting list for these Medicaid services.

PERSONAL CARE SERVICES

Personal care services are provided by attendants to persons who are unable to care for themselves. These services assist in bathing, dressing, feeding, and other non-medical activities of daily living. PCS services *do not* include medical tasks such as medication administration, tracheostomy care, feeding tubes or catheters. The Medicaid *Home Health* program or *Extended Home Health* program covers those medical services. PCS services must be ordered by a physician. Once ordered by a physician, the PCS service provider must request approval for the service from Medicaid.

FOR ASSISTANCE IN APPLYING FOR THIS SERVICE AND LOCATING A PCS SERVICE PROVIDER CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

EXTENDED HOME HEALTH SERVICES

Children and youth may be eligible to receive *Skilled Nursing Services* and *Aide Visits* in the home. These can exceed the normal hours of service and types of service available for adults. These services are provided by a Home Health Agency and must be provided in the home. This service must also be ordered by a physician. Once ordered by a physician, the home health agency must request approval for the service from Medicaid.

FOR ASSISTANCE IN APPLYING FOR THIS SERVICE AND LOCATING A HOME HEALTH SERVICE PROVIDER CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY , AND AUDIOLOGY SERVICES

If a child or youth wants *Rehabilitation Services* such as *Physical, Occupational, or Speech Therapy, or Audiology Services* outside of or in addition to those being provided in the school, these services can be provided by Medicaid at hospitals on an outpatient basis, or, in the home from Rehabilitation Centers or under the *Home Health* program. These services must also be ordered by a physician. Once ordered by a physician, the service provider must request approval for the service from Medicaid.

FOR ASSISTANCE IN APPLYING FOR THESES SERVICES AND LOCATING A SERVICE PROVIDER CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

SERVICES IN SCHOOLS OR EARLY INTERVENTION CENTERS

Children and youth can also obtain *Physical, Occupational, and Speech Therapy, Audiology Services, and Psychological Evaluations and Treatment* through early intervention centers (for ages 0-2) or through their schools (For ages 3-21). Medicaid covers these services if the services are a part of the IFSP or IEP. These services may also be provided in the home.

FOR INFORMATION ON RECEIVING THESE THERAPIES CONTACT YOUR EARLY INTERVENTION CENTER OR SCHOOL OR CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

MEDICAL EQUIPMENT AND SUPPLIES

Children and youth can obtain any medically necessary medical supplies, equipment and appliances needed to correct, improve, or assist in dealing with physical or mental conditions. *Medical Equipment and Supplies* must be ordered by a physician. Once ordered by a physician, the supplier of the equipment or supplies must request approval for them from Medicaid.

FOR ASSISTANCE IN APPLYING FOR MEDICAL EQUIPMENT AND SUPPLIES AND LOCATING MEDICAL EQUIPMENT PROVIDERS CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

MENTAL HEALTH REHABILITATION SERVICES

Children or youth with mental illness may receive *Mental Health Rehabilitation Services*. These services include: clinical and medical management; individual and parent/family intervention; supportive and group counseling; individual and group psychosocial skills training; behavior intervention plan development and service integration. **MENTAL HEALTH REHABILITATION SERVICES MUST BE APPROVED BY THE LOCAL OFFICE OF MENTAL HEALTH.**

FOR ASSISTANCE IN APPLYING FOR MENTAL HEALTH REHABILITATION SERVICES CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

TRANSPORTATION

Transportation to and from medical appointments, if needed, is provided by Medicaid. These medical appointments do not have to be with Medicaid providers for the transportation to be covered. Arrangements for non-emergency transportation must be made at least 48 hours before the scheduled appointment.

TO ARRANGE MEDICAID TRANSPORTATION CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

Notice P-17

Revised November 1, 2000

***DISCLAIMER: This information is currently being updated and some content may be incorrect or incomplete. If you are unable to get assistance using the telephone numbers listed under the specific programs, you may contact Medicaid Program Operations at 225-342-5774.

OTHER MEDICAID COVERED SERVICES

- Ambulatory Care Services, Rural Health Clinics, and Federally Qualified Health Centers
- Ambulatory Surgery Services
- Certified Family and Pediatric Nurse Practitioner Services
- Chiropractic Services
- Developmental and Behavioral Clinic Services
- Diagnostic Services-laboratory and X-ray
- Early Intervention Services
- Emergency Ambulance Services
- Family Planning Services
- Hospital Services-inpatient and outpatient
- Nursing Facility Services
- Nurse Midwifery Services
- Podiatry Services
- Prenatal Care Services
- Prescription and Pharmacy Services
- Health Services
- Sexually Transmitted Disease Screening

MEDICAID RECIPIENTS UNDER THE AGE OF 21 ARE ENTITLED TO RECEIVE THE ABOVE SERVICES AND ANY OTHER NECESSARY HEALTH CARE, DIAGNOSTIC SERVICE, TREATMENT AND OTHER MEASURES COVERED BY MEDICAID TO CORRECT OR IMPROVE A PHYSICAL OR MENTAL CONDITION. This may include services not specifically listed above. These services must be ordered by a physician and sent to Medicaid by the provider of the service for approval.

If you need a service that is not listed above call KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).

If you do not RECEIVE the help YOU need ask for the referral assistance coordinator.

NOTICE TO ALL PROVIDERS

Pursuant to Chisholm v. Cerise DHH is required to inform both recipients and providers of certain services covered by Medicaid. The following two pages contain notices that are sent by DHH to some Medicaid recipients notifying them of the availability of services for EPSDT recipients (recipients under age 21). These notices are being included in this training packet so that providers will be informed and can help outreach and educate the Medicaid population. Please keep this information readily available so that you may provide it to recipients when necessary.

DHH reminds providers of the following services available for all recipients under age 21:

- Children under age 21 are entitled to receive all necessary health care, diagnostic services, and treatment and other measures covered by Medicaid to correct or improve physical or mental conditions. **This includes a wide range of services not normally covered by Medicaid for recipients over the age of 21.**
- Whenever health treatment or additional services are needed, you may obtain an appointment for a screening visit by contacting KIDMED. Such screening visits also can be recommended by any health, developmental, or educational professional. To schedule a screening visit, contact KIDMED at (toll-free) 1-800-259-4444 (or 928-9683, if you live in the Baton Rouge area), or by contacting your physician if you already have a KIDMED provider. If you are deaf or hard of hearing, please call the TTY number, (toll-free) 1-877-544-9544. If you have a communication disability or are non-English speaking, you may have someone else call KIDMED and the appropriate assistance can be provided.
- Transportation to and from medical appointments, if needed, is provided by Medicaid. These medical appointments do not have to be with Medicaid providers for the transportation to be covered. Arrangements for non-emergency transportation must be made at least 48 hours before the scheduled appointment. **TO ARRANGE MEDICAID TRANSPORTATION CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).**
- **Recipients may also CALL KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544) for referral assistance with all services, not just transportation.**

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Services Available to Medicaid Eligible Children Under 21

If you are a Medicaid recipient under the age of 21, you may be eligible for the following services:

- *Doctor's Visits
- *Hospital (inpatient and outpatient) Services
- *Lab and X-ray Tests
- *Family Planning
- *Home Health Care
- *Dental Care
- *Rehabilitation Services
- *Prescription Drugs
- *Medical Equipment, Appliances and Supplies (DME)
- *Case Management
- *Speech and Language Evaluations and Therapies
- *Occupational Therapy
- *Physical Therapy
- *Psychological Evaluations and Therapy
- *Psychological and Behavior Services
- *Podiatry Services
- *Optometrist Services
- *Hospice Services
- *Extended Skilled Nurse Services
- *Residential Institutional Care or Home and Community Based (Waiver) Services
- *Medical, Dental, Vision and Hearing Screenings, both Periodic and Interperiodic
- *Immunizations
- *Eyeglasses
- *Hearing Aids
- *Psychiatric Hospital Care
- *Personal Care Services
- *Audiological Services
- *Necessary Transportation: Ambulance Transportation, Non-ambulance Transportation
- *Appointment Scheduling Assistance
- *Substance Abuse Clinic Services
- *Chiropractic Services
- *Prenatal Care
- *Certified Nurse Midwives
- *Certified Nurse Practitioners
- *Mental Health Rehabilitation
- *Mental Health Clinic Services

and any other medically necessary health care, diagnostic services, treatment, and other measures which are coverable by Medicaid, which includes a wide range of services not covered for recipients over the age of 21.

If you are a Medicaid recipient, under age 21, and are on the waiting list for the MR/DD waiver, you may be eligible for case management services. To access these services, you must contact your Regional Office for Citizens with Developmental Disabilities office.

You may access other services by calling KIDMED at (toll free) 1-877-455-9955. If you are deaf or hard of hearing, please call the TTY number, (toll free) 1-877-544-9544. If you have a communication disability or are non-English speaking, you may have someone else call KIDMED and the appropriate assistance can be provided.

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Some of these services must be approved by Medicaid in advance. Your medical provider should be aware of which services must be pre-approved and can assist you in obtaining those services. Also, KIDMED can assist you or your medical provider with information as to which services must be pre-approved.

Whenever health treatment or additional services are needed, you may obtain an appointment for a screening visit by contacting KIDMED. Such screening visits also can be recommended by any health, developmental, or educational professional. To schedule a screening visit, contact KIDMED at (toll-free) 1-800-259-4444 (or 928-9683, if you live in the Baton Rouge area), or by contacting your physician if you already have a KIDMED provider. If you are deaf or hard of hearing, please call the TTY number, (toll-free) 1-877-544-9544. If you have a communication disability or are non-English speaking, you may have someone else call KIDMED and the appropriate assistance can be provided.

Louisiana Medicaid encourages you to contact the KIDMED office and obtain a KIDMED provider so that you may be better served.

If you live in a CommunityCARE parish, please contact your primary care physician for assistance in obtaining any of these services or contact KIDMED at (toll-free) 1-877-455-9955.

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EPSDT HEALTH SERVICES

EPSDT Health Services for children with disabilities include health-related special education services and may only be provided by local school boards for children ages three (3) to 21, and by Early Intervention Centers or the EarlySteps Program for children from birth to age three (3). All EPSDT Health Services must be included on the child's individualized education program (IEP) or individualized family services plan (IFSP).

PROGRAM REQUIREMENTS

The Department of Health and Hospitals has been in negotiations for some time to settle a lawsuit. Many of the issues being addressed involve informing Medicaid recipients of all options available to them through our program. The Department has complied with this stipulation by conducting trainings statewide covering both eligibility and covered services. However, to remain compliant with the settlement, the Department of Health and Hospitals is now requiring that all EPSDT Health Services Providers enrolled in Medicaid give the following statement in writing to Medicaid-eligible recipients at the time their IEP or IFSP is developed.

If your child is Medicaid eligible, and is eligible to receive audiologic services, occupational therapy evaluations and treatment services, physical therapy evaluations and therapy (individual and group), psychological evaluations and therapy (individual and group), and speech and language evaluations and therapy (individual and group), you may choose to obtain them either through your school, an early intervention center or the EarlySteps Program or other Medicaid enrolled provider of those services.

Children who do not qualify for these services for educational purposes may still be eligible for them through Medicaid. Services outside of or in addition to those provided at school or in an early intervention center/EarlySteps must be ordered by a physician. Once the services are ordered by a physician, the service provider must request approval from Medicaid. To locate a provider other than the school or early intervention center, please contact your case manager, physician, or call the KIDMED Referral Assistance Hotline toll free at 1-877-455-9955 or the EarlySteps Program at 1-866-327-5978.

Again, this information must be supplied to the recipient and/or caregiver at the time the IEP or IFSP is developed.

School Boards (Ages 3 to 21)

School boards may provide the following services for children ages three (3) to twenty-one (21):

Audiology services

Occupational therapy evaluations and treatment services

Physical therapy evaluations and treatment services

Psychological evaluations and therapy (individual and group)

Speech and language evaluations and therapy (individual and group)

PLEASE NOTE: A written referral or prescription is no longer required from a licensed physician to provide speech pathology services. However, speech pathology services must still be included in a student's IEP in order to be reimbursed by Medicaid.

Early Intervention Centers (Age birth to 3)

Early Intervention services are provided to infants and toddlers from birth to age three (3). All EIC services for recipients birth to age three (3) can be provided in the home or the recipient's "natural setting". Some of these services are not necessarily covered by Title XIX (Medicaid). These services include:

- Assistive technology
- Audiology services
- Family service coordination
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Special education services
- Special instructions
- Speech/language therapy
- Transportation services
- Vision services

Early Intervention Centers must be licensed by Department of Social Services. Providers interested in becoming licensed as an Early Intervention Center may contact the Bureau of Licensing at (225) 922-0015.

In addition, any provider issued an EIC license by DSS can apply to Medicaid as an EPSDT Early Intervention Center. This includes providers that are currently enrolled in Medicaid under other provider types (i.e. Rehab Clinics). However, when providing these services the provider **MUST** bill using their Medicaid EIC provider number.

Medicaid reimburses only for direct, one-on-one patient contact services, billed as units of time, in Physical and Occupational Therapy. **Group therapy and co-treating are not covered under Physical and Occupational Therapy.**

Descriptions of service and professional requirements were published in the EPSDT Health Services Provider Manual, issued October 1, 1997.

EarlySteps (Age birth to 3)

EarlySteps is Louisiana's Early Intervention System which provides services to families with infants and toddlers with special needs from birth to age three (3). Infants and toddlers with disabilities, developmental delays, and special needs may qualify for Part C services. All EarlySteps services for recipients birth to age three (3) can be provided in the home or the recipient's "natural setting". Medicaid covered services include:

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Psychology
- Audiology
- Family Service Coordination

EarlySteps also provides the following services not covered by Medicaid:

- Nursing Services
- Health Services
- Medical Services for evaluation purposes only
- Special Instruction
- Vision Services
- Assistive Technology devices and services
- Social Work
- Counseling Services
- Transportation
- Nutrition

All services are provided through a plan of care called the Individualized Family Service Plan (IFSP). Early intervention services are provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Act.

To learn more about EarlySteps, please contact the System Point of Entry (SPOE) in your area or call EarlySteps at 1-866-327-5978. Please refer to the Appendix for SPOE contact information.

PROGRAM REQUIREMENTS FOR REIMBURSEMENT

EPSDT Health Services program requirements for reimbursement are:

- All services must be furnished in the interest of establishing or modifying a child's individualized education program (IEP) or an infant or toddler's individualized family services plan (IFSP) or the services furnished must already be included in the current IEP or IFSP. ***Non-IEP or non-IFSP services may not be billed to Medicaid under the EPSDT Health Services program.***
- If providing early intervention services to infants and toddlers, use one of the model IFSP forms found in Appendix C of the 1997 EPSDT Health Services manual. Medicaid must approve any other IFSP form before they may be used for reimbursement for these services.
- Only local education agencies (school boards) are eligible to enroll for children ages three (3) and above.
- Both public and private early intervention centers may enroll directly with Medicaid as providers of these services for infants and toddlers under age three.
- These services must be coordinated with other age appropriate preventive health services, including KIDMED screenings and immunizations. An EPSDT provider may provide these services if they are also a Medicaid enrolled KIDMED screening provider and authorized by KIDMED.
 - If an EPSDT provider is not a KIDMED provider, contact Louisiana KIDMED at (800) 259-8000 or (225) 928-9683 in Baton Rouge to determine the screening and immunization status of the child.
 - Louisiana KIDMED will follow up with the family to arrange for the screening and immunizations if due.
- These EPSDT services must also be coordinated with the Supplemental Food Program for Women, Infants, and Children (WIC) and Head Start. Make age-appropriate referrals for these services.
- Ensure that an infant or toddler under age three (3) years has been examined by a licensed physician as part of the EarlySteps referral process or multi-disciplinary evaluation (MDE). The examination should have been done within the past 90 days.
- Employ or contract with professional staff qualified to provide the services that meet state and Medicaid practitioner standards regarding certification, licensure, and supervision. Documentation of staff qualifications must be provided to Medicaid as part of the enrollment and monitoring process. Applicable qualifications are listed in Section 5 of the 1997 EPSDT Health Services manual.
- Agree to bill electronically.
- Medicaid collections from these services must be spent on the provision of health related services to children regardless of their Medicaid status.

- Expenditures should be prioritized for expanding service delivery through additional employed or contracted staff before allocating funds for equipment and supplies, administrative support activities, capital improvements, or meeting the individual needs of children with disabilities.
- Medicaid funds may not be used for strictly educational or non-medical purposes.

EPSDT HEALTH SERVICES PROCEDURE CODES

NOTE: In the 2004 EPSDT Health Services Training packet, Medicaid local code X0413 was erroneously mapped to 90801 or 90802. The correct HIPAA compliant cross-reference for local code X0413 (Psychological Eval/Re-Eval) is CPT code 96100 (Psychological Testing...with Interpretation and Report).

The following chart lists the codes most commonly billed by EPSDT Health Services providers:

Procedure Code	Description
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility; approximately 20 – 30 minutes face to face with the patient
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approximately 20-30 minutes face to face with patient
90812	Individual psychotherapy, interactive, using play equipment, physical device, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approx 45-50 minutes face to face with the patient
90846	Family psychotherapy(w/o Patient)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy (other than of a multiple family group)
90857	Interactive group psychotherapy
92506	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group, 2 or more individuals
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold), air only.
92553	Pure tone audiometry (threshold), air and bone.
92555	Speech audiometry threshold
92556	Speech audiometry threshold ; with speech recognition
92557	Comprehensive audiometry, threshold evaluation and speech recognition
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92571	Filtered speech test

92572	Staggered spondaic word test
92575	Sensorineural acuity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92582	Conditioning play audiometry
92583	Select picture audiometry
92584	Electrocochleography
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the CNS; limited
92590	Hearing aid exam and selection, monaural
92591	Hearing aid exam and selection, binaural
92592	Hearing aid check, monaural
92593	Hearing aid check, binaural
92594	Electroacoustic evaluation for hearing aid, monaural
92595	Electroacoustic evaluation for hearing aid, binaural
96100	Psychological Testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour
97001	Physical Therapy evaluation
97003	Occupational Therapy Evaluation
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effeurage, petrissage, and/or tapotement (stroking, compression, percussion, etc.)
97504	Orthotic(s) fitting and training upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes

CLAIMS FILING

EPSDT services are billed electronically on the 837P format or hardcopy on the CMS-1500 (formerly known as HCFA-1500) claim form.

Items to be completed are either required or situational. Required information must be entered in order for the claim to process. Claims submitted with missing or invalid information in these fields will be returned unprocessed to the provider with a rejection letter listing the reason(s) the claims are being returned. These claims cannot be processed until corrected and resubmitted by the provider. Situational information may be required (but only in certain circumstances as detailed in the instructions below). Claims should be submitted to:

Unisys
P.O. Box 91020
Baton Rouge, LA 70821

- | | | |
|--|-------------|---|
| 1. | REQUIRED | Enter an "X" in the box marked Medicaid (Medicaid #). |
| *1A. | REQUIRED | Enter the recipient's 13 digit Medicaid ID number exactly as it appears in the recipient's current Medicaid information using the plastic Medicaid swipe card (MEVS) or through REVS. |
| <p>NOTE: The recipients' 13-digit Medicaid ID number <u>must</u> be used to bill claims. The CCN number from the plastic ID card is NOT acceptable.</p> <p>NOTE: If the 13-digit Medicaid ID number does not match the recipient's name in block 2, the claim will be denied. If this item is blank, the claim will be returned.</p> | | |
| *2. | REQUIRED | Print the name of the recipient: last name, first name, middle initial. Spell the name exactly as verified through MEVS or REVS. |
| 3. | SITUATIONAL | Enter the recipient's date of birth as reflected in the current Medicaid information available through MEVS or REVS, using six (6) digits (MM DD YY). If there is only one digit in this field, precede that digit with a zero. Enter an "x" in the appropriate box to show the sex of the recipient. |
| 4. | SITUATIONAL | Complete correctly if appropriate or leave blank. |
| 5. | SITUATIONAL | Print the recipient's permanent address. |
| 6. | SITUATIONAL | Complete if appropriate or leave blank. |
| 7. | SITUATIONAL | Complete if appropriate or leave blank. |
| 8. | SITUATIONAL | Leave blank. |
| 9. | SITUATIONAL | Complete if appropriate or leave blank. |

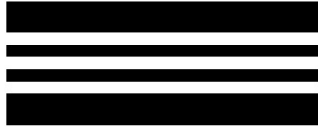
9A.	SITUATIONAL	If recipient has no other coverage, leave blank. If there is other coverage, put the state assigned 6-digit TPL carrier code in this block-make sure the EOB is attached to the claim.
9B.	SITUATIONAL	Complete if appropriate or leave blank.
9C.	SITUATIONAL	Complete if appropriate or leave blank.
9D.	SITUATIONAL	Complete if appropriate or leave blank.
10.	SITUATIONAL	Leave blank.
11.	SITUATIONAL	Complete if appropriate or leave blank.
11A.	SITUATIONAL	Complete if appropriate or leave blank.
11B.	SITUATIONAL	Complete if appropriate or leave blank.
11C.	SITUATIONAL	Complete if appropriate or leave blank.
12.	SITUATIONAL	Complete if appropriate or leave blank.
13.	SITUATIONAL	Obtain signature if appropriate or leave blank.
14.	SITUATIONAL	Leave blank.
15.	SITUATIONAL	Leave blank.
16.	SITUATIONAL	Leave blank.
17.	SITUATIONAL	Leave blank.
17A.	SITUATIONAL	Leave blank.
18.	SITUATIONAL	Leave blank.
19.	SITUATIONAL	Leave blank.
20.	SITUATIONAL	Leave blank.
*21.	REQUIRED -	Enter the ICD-9 numeric diagnosis code and, if desired, narrative description. Use of ICD-9-CM coding is mandatory. Standard abbreviations of narrative descriptions are accepted.
22.	SITUATIONAL	Leave blank.
23.	SITUATIONAL	Complete if required or leave blank.
*24A.	REQUIRED	Enter the date of service for each procedure. Either six-digit (MMDDYY) or eight-digit (MMDDCCYY) format is acceptable.
*24B.	REQUIRED	Enter the appropriate code from the approved Medicaid <u>P</u> lace <u>O</u> f <u>S</u> ervice code list. (Please refer to the Appendix for this list.)

24C.	SITUATIONAL	Leave blank.
*24D.	REQUIRED	Enter the procedure code(s) for services rendered.
*24E.	REQUIRED	Reference the diagnosis entered in item 21 and indicate the most appropriate diagnosis for each procedure by entering either a "1", "2", etc. More than one diagnosis may be related to a procedure. Do not enter the ICD-9-CM diagnosis code.
*24F.	REQUIRED	Enter usual and customary charges for the service rendered.
*24G.	REQUIRED	Enter the number of units billed for the procedure code entered on the same line in 24D.
24H.	SITUATIONAL	Leave blank or enter a "Y" if services were performed as a result of an EPSDT referral.
24I.	SITUATIONAL	Leave blank.
24J.	SITUATIONAL	Leave blank.
24K.	SITUATIONAL	Leave blank.
25.	SITUATIONAL	Leave blank.
26.	SITUATIONAL	Enter the provider specific information assigned to identify the patient. This number will appear on the Remittance Advice(RA). It may consist of letters and/or numbers and may be a maximum of 16 characters.
27.	SITUATIONAL	Leave blank. Medicaid does not make payments to the recipient. Claim filing acknowledges acceptance of Medicaid assignment.
*28.	REQUIRED	Total of all charges listed on the claim.
29.	SITUATIONAL	If block 9A is completed, indicate the amount paid; otherwise, leave blank.
30.	SITUATIONAL	If payment has been made by a third party insurer, enter the amount due after third party payment has been subtracted from billed charges.
*31.	REQUIRED	The claim form MUST be signed. The practitioner is not required to sign the claim form. However, the practitioner's authorized representative must sign the form. Signature stamps or computer generated signatures are acceptable, but must be initialed by the practitioner or authorized representative. If this item is left blank, or if the stamped or computer-generated signature does not have original initials, the claim will be returned unprocessed.
	Date	Enter the date of the signature.
32.	SITUATIONAL	Complete as appropriate or leave blank.

*33. REQUIRED Enter the provider name, address including zip code and seven (7) digit Medicaid provider identification number. The Medicaid billing provider number must be entered in the space next to Group (Grp)#."

Note: If no Medicaid provider number is entered, the claim will be returned to the provider for correction and re-submission.

PLEASE
DO NOT
STAPLE
IN THIS
AREA



APPROVED OMB-0938-0008

CARRIER

HEALTH INSURANCE CLAIM FORM																																																																																																																																																																																									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 1234567891234																																																																																																																																																																																				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Johnny					3. PATIENT'S BIRTH DATE 01 18 97																																																																																																																																																																																				
5. PATIENT'S ADDRESS (No., Street) CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE (Include Area Code): _____					4. INSURED'S NAME (Last Name, First Name, Middle Initial) 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																																																																																																																																																																																				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER (TPL info here if applicable)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																																																																				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M F					b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____																																																																																																																																																																																				
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																																																																				
d. INSURANCE PLAN NAME OR PROGRAM NAME					11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M F																																																																																																																																																																																				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Example of occupational therapy claim SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																																																																																																																																																																																				
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY																																																																																																																																																																																				
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN																																																																																																																																																																																				
19. RESERVED FOR LOCAL USE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																																																																																				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 71430					20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER																																																																																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">A</th> <th colspan="2">B</th> <th colspan="2">C</th> <th colspan="2">D</th> <th colspan="2">E</th> <th colspan="2">F</th> <th colspan="2">G</th> <th colspan="2">H</th> <th colspan="2">I</th> <th colspan="2">J</th> <th colspan="2">K</th> </tr> <tr> <th colspan="2">DATE(S) OF SERVICE From To</th> <th colspan="2">Place of Service</th> <th colspan="2">Type of Service</th> <th colspan="2">PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER</th> <th colspan="2">DIAGNOSIS CODE</th> <th colspan="2">\$ CHARGES</th> <th colspan="2">DAYS OR UNITS</th> <th colspan="2">EPSDT or Family Plan</th> <th colspan="2">EMG</th> <th colspan="2">COB</th> <th colspan="2">RESERVED FOR LOCAL USE</th> </tr> </thead> <tbody> <tr> <td>11</td><td>28</td><td>04</td><td>11</td><td>28</td><td>04</td><td>03</td><td></td><td>97003</td><td></td><td>1</td><td>56.00</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>										A		B		C		D		E		F		G		H		I		J		K		DATE(S) OF SERVICE From To		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT or Family Plan		EMG		COB		RESERVED FOR LOCAL USE		11	28	04	11	28	04	03		97003		1	56.00	1										2																						3																						4																						5																						6																					
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25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																																																																																																																																																															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) IMA BILLER 12/15/04					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) ABC School Board 45 Oak St Sunny, La 70000					28. TOTAL CHARGE \$ 56.00 (TPL Amt) \$ 56.00 29. AMOUNT PAID 30. BALANCE DUE																																																																																																																																																																															
SIGNED _____ DATE _____					PIN# _____ GRP# 1111111																																																																																																																																																																																				

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RRB-1500, FORM QWCP-1500

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HARD COPY REQUIREMENTS

DHH has made the decision to continue requiring hardcopy claim submissions for all existing hardcopy attachments, as indicated in the table below.

HARDCOPY CLAIM(s) & REQUIRED ATTACHMENT(s)	BILLING REQUIREMENTS
Spend Down Recipient - 110MNP Spend Down Form	Continue hardcopy billing
Retroactive Eligibility - copy of ID card or letter from parish office, BHSF staff	Continue hardcopy billing
Recipient Eligibility Issues - copy of MEVS printout, cover letter	Continue hardcopy billing
Timely filing - letter/other proof i.e., RA page	Continue hardcopy billing

PLEASE NOTE: When a provider submits a claim, which has more than one page of procedures and charges, each claim page must be totaled and attachments must be submitted with each page of the claim.

UNISYS 213 ADJUSTMENT/VOID FORM

The Unisys 213 adjustment/void is used to adjust or void incorrect payments on the CMS-1500. These forms may be obtained from Unisys by calling Provider Relations at (800) 473-2783. Electronic submitters may electronically submit adjustment/void claims.

FORM COMPLETION

Only **one** (1) control number can be adjusted or voided on each 213 form.

Only an **approved claim** can be adjusted or voided.

Blocks 26 and 27 must contain the claim's most recently approved control number and R.A. date. For example:

1. A claim is approved on the R.A. dated 04/01/2004, ICN 4123567890123.
2. The claim is adjusted on the R.A. dated 04/15/2004, ICN 4139890123456.
3. If the claim requires further adjustment or needs to be voided, the most recently approved control number (41397890123456) and R.A. date (04/15/2004) must be used.

Provider numbers and recipient Medicaid ID numbers cannot be adjusted. They must be voided, then resubmitted.

Adjustments: To file an adjustment, the provider should complete the adjustment as it appears on the original claim form, **changing the item that was in error to show the way the claim should have been billed**. The approved adjustment will replace the approved original and will be listed under the "adjustment" column on the R.A. The original payment will be taken back on the same R.A. in the "previously paid" column.

VOIDS: To file a void, the provider must enter all the information from the original claim **exactly as it appeared on the original claim**. When the void claim is approved, it will be listed under the "void" column of the R.A. and a corrected claim may be submitted (if applicable).

Only one (1) claim line can be adjusted or voided on each adjustment/void form.

213 Adjustment/void forms should be mailed to the following address for processing:

**Unisys
P.O. Box 91020
Baton Rouge, LA 70821**

An example of a correctly completed 213 form is shown on the following pages. Only the blocks that are completed are required for claims processing.

213 ADJUSTMENT/VOID FORM INSTRUCTIONS

- *1. ADJ/VOID—Check the appropriate block.
- *2. Patient's Name
 - a. Adjust—Print the name exactly as it appears on the original claim if not adjusting this information.
 - b. Void—Print the name exactly as it appears on the original claim.
- 3. Patient's Date of Birth
 - a. Adjust—Print the date exactly as it appears on the original claim if not adjusting this information.
 - b. Void—Print the name exactly as it appears on the original claim.
- *4. Medicaid ID Number—Enter the 13 digit recipient ID number.
- 5. Patient's Address and Telephone Number
 - a. Adjust—Print the address exactly as it appears on the original claim.
 - b. Void—Print the address exactly as it appears on the original claim.
- 6. Patient's Sex
 - a. Adjust—Print this information exactly as it appears on the original claim if not adjusting this information.
 - b. Void—Print this information exactly as it appears on the original claim.
- 7. Insured's Name— Leave blank.
- 8. Patient's Relationship to Insured—Leave blank.
- 9. Insured's Group No.—Complete if appropriate or blank.
- 10. Other Health Insurance Coverage—Leave blank.
- 11. Was Condition Related to—Leave blank.
- 12. Insured's Address—Leave blank.
- 13. Date of—Leave blank.
- 14. Date First Consulted You for This Condition—Leave blank.
- 15. Has Patient Ever had Same or Similar Symptoms—Leave blank.
- 16. Date Patient Able to Return to Work—Leave blank.
- 17. Dates of Total Disability-Dates of Partial Disability—Leave blank.
- 18. Name of Referring Physician or Other Source—Leave this space blank.

19. For Services Related to Hospitalization Give Hospitalization Dates—Leave blank.
20. Name and Address of Facility Where Services Rendered (if other than home or office)—Leave blank.
21. Was Laboratory Work Performed Outside of Office—Leave blank.
- *22. Diagnosis of Nature of Illness
 - a. Adjust—Print the information exactly as it appears on the original claim if not adjusting the information.
 - b. Void—Print the information exactly as it appears on the original claim.
23. Attending Number—Enter the attending number submitted on original claim, if any, or leave this space blank.
24. Prior Authorization #—Enter the PA number if applicable or leave blank.
- *25. A through F
 - a. Adjust—Print the information exactly as it appears on the original claim if not adjusting the information.
 - b. Void—Print the information exactly as it appears on the original claim.
- *26. Control Number—Print the correct Control Number as shown on the Remittance Advice.
- *27. Date of Remittance Advice that Listed Claim was Paid—Enter MM DD YY from RA form.
- *28. Reasons for Adjustment—Check the appropriate box if applicable, and write a brief narrative that describes why this adjustment is necessary.
- *29. Reasons for Void—Check the appropriate box if applicable, and write a brief narrative that describes why this void is necessary.
- *30. Signature of Physician or Supplier—All Adjustment/Void forms must be signed.
- *31. Physician's or Supplier's Name, Address, Zip Code and Telephone Number—Enter the requested information appropriately plus the seven (7) digit Medicaid provider number. *The form will be returned if this information is not entered.*
32. Patient's Account Number—Enter the patient's provider-assigned account number.

Marked (*) items must be completed or form will be returned.

MAIL TO:
UNISYS
P.O. BOX 91022
BATON ROUGE, LA 70821
(800) 473-2783
924-5040 (IN BATON ROUGE)

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICE FINANCING
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
HEALTH INSURANCE CLAIM FORM

FOR OFFICE USE ONLY

1 ADJ. <input type="checkbox"/> VOID <input type="checkbox"/>										
PATIENT AND INSURED (SUBSCRIBER) INFORMATION										
2 PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)				3 PATIENT'S DATE OF BIRTH		4 MEDICAID ID NUMBER				
5 PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)				6 PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		7 INSURED'S NAME				
				8 PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		9 INSURED'S GROUP NO. (OR GROUP NAME)				
TELEPHONE NO.				11 WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/> B. AN AUTO ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		12 INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)				
10 OTHER HEALTH INSURANCE COVERAGE - ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER.										
PHYSICIAN OR SUPPLIER INFORMATION										
13 DATE OF		14 ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)			15 DATE FIRST CONSULTED YOU FOR THIS CONDITION		16 HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
13 DATE PATIENT ABLE TO RETURN TO WORK					17 DATES OF TOTAL DISABILITY FROM <input type="text"/> THROUGH <input type="text"/>		18 DATES OF PARTIAL DISABILITY FROM <input type="text"/> THROUGH <input type="text"/>			
18 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				18A REFERRING ID NUMBER		19 FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED <input type="text"/> DISCHARGED <input type="text"/>				
20 NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)						21 WAS LABORATORY WORK PERFORMED OUTSIDE OF OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES <input type="text"/>				
22 DIAGNOSIS OR NATURE OF ILLNESS. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1,2,3, OR DX CODE. 1 _____ 2 _____ 3 _____						23 ATTENDING NUMBER				
						24 PRIOR AUTHORIZATION NO.				
25 A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. PROCEDURE		D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	EPSDT FAMILY PLAN	TPL \$
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26 CONTROL NUMBER				THIS IS FOR CHANGING OR VOIDING A PAID ITEM. (THE CORRECT CONTROL NUMBER AS SHOWN ON THE REMITTANCE ADVICE IS ALWAYS REQUIRED.)				27 DATE OF REMITTANCE ADVICE THAT LISTED CLAIM WAS PAID		
<input type="text"/>								<input type="text"/>		
28 REASONS FOR ADJUSTMENT										
<input type="checkbox"/> 01 THIRD PARTY LIABILITY RECOVERY										
<input type="checkbox"/> 02 PROVIDER CORRECTIONS										
<input type="checkbox"/> 03 FISCAL AGENT ERROR										
<input type="checkbox"/> 90 STATE OFFICE USE ONLY - RECOVERY										
<input type="checkbox"/> 99 OTHER - PLEASE EXPLAIN										
29 REASONS FOR VOID										
<input type="checkbox"/> 10 CLAIM PAID FOR WRONG RECIPIENT										
<input type="checkbox"/> 11 CLAIM PAID TO WRONG PROVIDER										
<input type="checkbox"/> 99 OTHER - PLEASE EXPLAIN										
30 SIGNATURE OF PHYSICIAN OR SUPPLIER (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)						31 PHYSICIAN OR SUPPLIER'S PROVIDER NUMBER, NAME, ADDRESS, ZIP CODE AND TELEPHONE				
32 YOUR PATIENT'S ACCOUNT NUMBER										

FISCAL AGENT COPY

UNISYS - 213
5/97

MAIL TO:
UNISYS
P.O. BOX 91022
BATON ROUGE, LA 70821
(800) 473-2783
924-5040 (IN BATON ROUGE)

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICE FINANCING
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
HEALTH INSURANCE CLAIM FORM

FOR OFFICE USE ONLY

1 ADJ. <input type="checkbox"/> VOID <input checked="" type="checkbox"/>			
PATIENT AND INSURED (SUBSCRIBER) INFORMATION			
2 PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) Smith, Johnny		3 PATIENT'S DATE OF BIRTH 01/18/97	
5 PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		4 MEDICAID ID NUMBER 1234567891234	
10 OTHER HEALTH INSURANCE COVERAGE - ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER.		7 INSURED'S NAME	
11 WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/> B. AN AUTO ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		9 INSURED'S GROUP NO. (OR GROUP NAME)	
12 INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		13 DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	
14 DATE FIRST CONSULTED YOU FOR THIS CONDITION		15 HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
16 DATE PATIENT ABLE TO RETURN TO WORK		17 DATES OF TOTAL DISABILITY FROM <input type="text"/> THROUGH <input type="text"/>	
18 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		19 FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED <input type="text"/> DISCHARGED <input type="text"/>	
20 NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)		21 WAS LABORATORY WORK PERFORMED OUTSIDE OF OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES	
22 DIAGNOSIS OR NATURE OF ILLNESS. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1,2,3, OR DX CODE.		23 ATTENDING NUMBER	
1 714.30 2 3		24 PRIOR AUTHORIZATION NO.	
25 A. DATE(S) OF SERVICE From <input type="text"/> To <input type="text"/> MM DD YY MM DD YY		B. PLACE OF SERVICE 03	
C. PROCEDURE 97003		D. DIAGNOSIS CODE 1	
E. CHARGES 56 00 1		F. DAYS OR UNITS 1	
EPSTD FAMILY PLAN		TPL \$	

26 CONTROL NUMBER 4365567891234		27 DATE OF REMITTANCE ADVICE THAT LISTED CLAIM WAS PAID 12/31/04	
28 REASONS FOR ADJUSTMENT <input type="checkbox"/> 01 THIRD PARTY LIABILITY RECOVERY <input type="checkbox"/> 02 PROVIDER CORRECTIONS <input type="checkbox"/> 03 FISCAL AGENT ERROR <input type="checkbox"/> 90 STATE OFFICE USE ONLY - RECOVERY <input type="checkbox"/> 99 OTHER - PLEASE EXPLAIN			
29 REASONS FOR VOID <input checked="" type="checkbox"/> 10 CLAIM PAID FOR WRONG RECIPIENT <input type="checkbox"/> 11 CLAIM PAID TO WRONG PROVIDER <input type="checkbox"/> 99 OTHER - PLEASE EXPLAIN			
Claim billed under incorrect recip number			

30 SIGNATURE OF PHYSICIAN OR SUPPLIER (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.) Ima Biffer 01/10/2005		31 PHYSICIAN OR SUPPLIER'S PROVIDER NUMBER, NAME, ADDRESS, ZIP CODE AND TELEPHONE ABC School Board 123 Oak St Allen, La 70000 111111	
32 YOUR PATIENT'S ACCOUNT NUMBER			

FISCAL AGENT COPY

UNISYS - 213
5/97

CommunityCARE

Program Description

CommunityCARE is operated in Louisiana under a freedom of choice waiver granted by the Centers for Medicare and Medicaid Services (CMS). It is a system of comprehensive health care based on a primary care case management (PCCM) model. CommunityCARE links Medicaid eligibles with a primary care physician (PCP) that serves as their medical home.

Recipients

Participation in the CommunityCARE program is mandatory for most Medicaid recipients. Currently, seventy-five to eighty percent of all Medicaid recipients are linked to a primary care provider. Recipients not linked to a CommunityCARE PCP may continue to receive services without a referral/authorization just as they did before CommunityCARE. Those recipient types that are **EXEMPT** from participation in CommunityCARE, and will not be linked to a PCP, are listed below. (This list is subject to change.)

Residents of long term care nursing facilities, psychiatric facilities, or intermediate care facilities for the mentally retarded (ICF/MR) such as state developmental centers and group homes
Recipients who are 65 years or older
Recipients with Medicare benefits, including dual eligibles
Foster children or children receiving adoption assistance
Office of Youth Development recipients (children in State custody)
Recipients in the Medicaid 'Lock In' program
Recipients who have other primary insurance with physician benefits, including HMO's
Recipients who have an eligibility period of less than 3 months
Recipients with retroactive eligibility (for the retroactive eligibility period only as CommunityCARE linkages may not be retroactive)
BHSF case-by-case approved "Medically High Risk" exemptions
Recipients enrolled in Hospice
Native American Indians residing in parish of reservation (currently Jefferson Davis, St. Mary, LaSalle, and Avoyelles Parishes)

CommunityCARE recipients are identified under the CommunityCARE segment of REVS, MEVS and the online verification system through the Unisys website – www.lamedicaid.com. This segment gives the name and telephone number of the linked PCP.

Primary Care Physician

As part of the case management responsibility, the PCP is obligated to ensure that referrals/authorizations for medically necessary healthcare services which they can not/do not provide are furnished promptly and without compromise to quality of care. The PCP cannot unreasonably withhold them **OR** require that the requesting provider complete them. **Any referral/authorization requests must be responded to, either approved or denied, within 10 business days.** The need for a PCP referral/authorization does not replace other Medicaid policies that are in existence. For example, if the service requires prior authorization, the provider must still obtain prior authorization **in addition to** obtaining the referral/authorization from the PCP.

The Medicaid covered services, which do not require a referral/authorization from the CommunityCARE PCP, are "**exempt**." The current list of exempt services is as follows:

- Chiropractic service upon KIDMED referral (ages 0-21)
- Dental services for children, ages 0-21 (billed on the ADA claim form)
- Dental services for Pregnant Women (ages 21 – 59), billed on the ADA claim form
- Dentures for adults
- The three higher level (CPT 99283, 99284, 99285) emergency room visits and associated physician services. (NOTE: The two lower level Emergency room visits (CPT 99281, 99282) and associated physician services do not require prior authorization, but do require POST authorization). Refer to “Emergency Services” in the CommunityCARE Handbook.
- Inpatient Care that has been precerted (this also applies to public hospitals even though they aren’t required to obtain precertification for inpatient stays) and related hospital, physician and ancillary services
- EPSDT Health Services – Rehabilitative type services such as occupational, physical and speech/language therapy delivered to EPSDT recipients through schools or early intervention centers or the EarlySteps program

Note: A REFERRAL/AUTHORIZATION from the PCP IS REQUIRED for “Children’s Special Health Services” clinics (Handicapped Children’s Services) operated by The Office of Public Health.

- Family planning services
- Prenatal/Obstetrical Services
- Services provided through the Home and Community Based Waiver programs.
- Targeted case management
- Mental Health Clinic services (State facilities)
- Mental Health Rehabilitation services
- Neonatology services while in the hospital
- Ophthalmologist and Optometrist services
- Pharmacy
- Inpatient Psychiatric services (distinct part and freestanding psychiatric hospital)
- Psychiatrists Services
- Transportation services
- Hemodialysis
- Hospice services
- Specific lab and radiology codes

Non-PCP Providers and Exempt Services

Any provider, other than the recipient’s PCP, must obtain a referral/authorization from the recipient’s PCP in order to receive payment for services rendered. Any provider who provides a non-exempt, non-emergent (routine) service for a CommunityCARE enrollee, without obtaining the appropriate referral/authorization prior to the service being provided risks non-payment by Medicaid.

When a patient is being discharged from the hospital it is the responsibility of the discharging physician/hospital discharge planner to coordinate with the patient’s PCP to obtain the appropriate referral/authorization for any follow-up services the patient may need after discharge (i.e. Durable Medical Equipment (DME) or home health). Neither the home health nor DME provider can receive reimbursement from Medicaid without the appropriate PCP referral/authorization. **The DME and home health provider must have the referral/authorization in hand prior to rendering the services.**

General Assistance – all numbers are available Mon-Fri, 8am-5pm

Providers:

Unisys - (800) 473-2783 or (225) 924-5040 - CommunityCARE Program policy, procedures, and problems, complaints concerning CommunityCARE

ACS - (800) 609-3888 - PCP assignment for CommunityCARE recipients, inquiries related to monitoring, certification

ACS - (877) 455-9955 - referral assistance

Recipients:

ACS - (800) 259-4444

LOUISIANA MEDICAID WEBSITE APPLICATIONS

The newest way to obtain general and specific Medicaid information is on our Louisiana Medicaid Provider Website:


www.lamedicaid.com

This website has several applications that should be used by Louisiana Medicaid providers. These applications require that providers establish an online account for the site.

Provider Login And Password

To ensure appropriate security of recipient's patient health information (PHI) and provider's personal information, the secure area of the web site is available to providers only. It is the responsibility of each provider to become "Web Enrolled" by obtaining a login and password for this area of the site to be used with his/her provider number. Once the login and password are obtained by the provider who "owns" the provider number, that provider may permit multiple users to login using the provider number. This system allows multiple individuals to login using the same login and password OR a provider may have up to 500 individual logins and passwords established for a single provider number. The administrative account rights are established when a provider initially obtains a login and password, and should remain with the provider or designated office staff employed by the provider.

A login and password may be obtained by using the link, Provider Web Account Registration Instructions. Should you need assistance with obtaining a login and password or have questions about the technical use of the application, please contact the Unisys Technical Support Desk at 877-598-8753.

 Unisys has received inquiries from billing agents/vendors attempting to access this web application. DHH and CMS Security Policy restrictions will not permit Unisys to allow access of this secure application to anyone except the owner of the provider number being used for accessing the site. In cases where an outside billing agent/vendor is contracted to submit claims on behalf of a provider, any existing business partner agreement is between the provider and the billing agent/vendor. **Unisys** may not permit anyone except the provider to receive or ask for information related to a login and password to access secured information.

WEB APPLICATIONS

There are a number of web applications available on the Medicaid website, however, the following applications are the most commonly used:

Medicaid Eligibility Verification System (e-MEVS) for recipient eligibility inquiries;
Claims Status Inquiry (e-CSI) for inquiring on claims status; and
Clinical Data Inquiry (e-CDI) for inquiring on recipient pharmacy prescriptions as well as other medical claims data

These applications are available to providers 24 hours a day, 7 days a week at no cost.

e-MEVS:

Providers can now verify eligibility, primary insurance information, and service limits for a Medicaid recipient using this web application accessed through www.lamedicaid.com. This application provides eligibility verification capability in addition to MEVS swipe card transactions and REVS. An eligibility request can be entered via the web for a single recipient and the data for that individual will be returned on a printable web page response. The application is to be used for single individual requests and cannot be used to transmit batch requests.

Since its release, the application has undergone some cosmetic and informational changes to make it more user-friendly and allow presentation of more complete, understandable information.

e-CSI:

Providers wishing to check the status of claims submitted to Louisiana Medicaid should use this application. We are required to use HIPAA compliant denial and reference codes and descriptions for this application. If the information displayed on CSI is not specific enough to determine the detailed information needed to resolve the claim inquiry, refer to the hard copy remittance advice. The date of the remittance advice is displayed in the CSI response. The hard copy remittance advice continues to carry the Louisiana specific error codes. Providers must ensure that their internal procedures include a mechanism that allows those individuals checking claims statuses to have access to remittance advices for this purpose. A LA Medicaid/HIPAA Error Code Crosswalk is available on this website by accessing the link, Forms/Files.

Once enrolled in the website, all active providers, with the exception of "prescribing only" providers, have authorization to utilize the e-CSI application.

e-CDI:

The e-CDI application provides a Medicaid recipient's essential clinical history information at the authorized practitioner's finger tips at any practice location.

The nine (9) clinical services information components are:

- | | |
|-------------------------------|----------------------------|
| 1. Clinical Drug Inquiry | 5. Ancillary Services |
| 2. Physician/EPSTD Encounters | 6. Lab & X-Ray Services |
| 3. Outpatient Procedures | 7. Emergency Room Services |
| 4. Specialist Services | 8. Inpatient Services |
| | 9. Clinical Notes Page |

This information is updated on a monthly basis, with the exception of the Clinical Drug Inquiry, which is updated on a daily basis. The Clinical Drug Inquiry component will provide clinical historical data on each Medicaid recipient for the current month, prior month, and prior four months. All other components will provide clinical historical data within a six-month period. These updates are based on Medicaid claims history. A print-friendly version of the information on each of the web pages will be accessible and suitable for the recipient's clinical chart.

The major benefits of the use of e-CDI by the practitioner will include:

1. Displays a list of all services (i.e. drugs, procedures, MD visits, etc.) by all providers that have provided services to each individual recipient.
2. Provides the practitioner rapid access to current clinical data to help him/her evaluate the need for "modifications" of an individual Medicaid recipient's health care treatment.
3. Promotes the deliberate evaluation by a practitioner to help prevent duplicate drug therapy and decreases the ordering of duplicate laboratory tests, x-ray procedures, and other services.
4. Supplies a list of all practitioner types providing health care services to each Medicaid recipient.
5. Assists the practitioner in improving therapeutic outcomes and decreasing health care costs.

ADDITIONAL DHH AVAILABLE WEBSITES

www.lamedicaid.com/HIPAA: Louisiana Medicaid HIPAA Information Center

www.la-communitycare.com: DHH website – CommunityCARE (program information, provider listings, Frequently Asked Questions (FAQ))

www.la-kidmed.com: DHH website - KIDMED – (program information, provider listings, FAQ)

www.dhh.la.gov/BCSS DHH website - Bureau of Community Supports and Services

www.oph.dhh.state.la.us DHH website -EarlySteps Program

www.dhh.state.la.us/RAR DHH Rate and Audit Review (nursing home updates and cost report information, contacts, FAQ)

www.oph.dhh.state.la.us DHH website - LINKS

PROVIDER ASSISTANCE

Many of the most commonly requested items from providers including, but not limited to, the Field Analyst listing, RA messages, Provider Updates, preferred drug listings, general Medicaid information, and program training packets are available online at www.lamedicaid.com.

UNISYS PROVIDER RELATIONS TELEPHONE INQUIRY UNIT

The telephone inquiry staff assists with inquiries such as obtaining policy and procedure/ information/clarification, ordering printed material, requesting a Field Analyst visit, etc., and may be reached by calling:

(800) 473-2783 or (225) 924-5040*
FAX: (225) 237-3334**

*** Please listen to the menu options and press the appropriate key for assistance.**

NOTE: Providers should access eligibility information via the Medicaid Eligibility Verification System (MEVS) or the automated Recipient Eligibility Verification System (REVS) at (800) 776-6323 or (225) 216-7387. Providers may also check eligibility by accessing the web-based application, e-MEVS, now available on the Louisiana Medicaid website. Questions regarding an eligibility response may be directed to Provider Relations.

NOTE: UNISYS cannot assist recipients. If recipients have problems, please direct them to the Parish Office or the number on their card:

RECIPIENT HELPLINE (800) 834-3333

**** Provider Relations will accept faxed information regarding provider inquiries on an **approved** case by case basis. However, faxed claims **are not** acceptable for processing.**

UNISYS PROVIDER RELATIONS CORRESPONDENCE GROUP

The Provider Relations Correspondence Unit is available to research and respond in writing to questions involving problem claims.

All requests to the Correspondence Unit should be submitted to the following address:

**Unisys Provider Relations Correspondence Unit
P. O. Box 91024
Baton Rouge, LA 70821**

NOTE: All correspondence sent to Provider Relations, including recipient file updates, must include a separate cover letter explaining the problem or question, a copy of the claim(s), and all pertinent documentation (e.g., copies of RA pages showing prior denials, recipient chart notes, copies of previously submitted claims, documentation verifying eligibility, etc.). **A copy of the claim form along with applicable corrections and/or attachments must accompany all resubmissions.**

Provider Relations staff does not have direct access to eligibility files. Requests to update recipient files are forwarded to the Bureau of Health Services Financing by the Correspondence Unit, so these may take additional time for final resolution.

Requests to update Third Party Liability (TPL) should be directed to:

DHH-Third Party Liability
Medicaid Recovery Unit
P.O. Box 91030
Baton Rouge, LA 70821

“Clean claims” should not be submitted to Provider Relations as this delays processing. Please submit “clean claims” to the appropriate P.O. Box. A complete list is available in this training packet under “Unisys Claims Filing Addresses”.

NOTE: CLAIMS RECEIVED WITHOUT A COVER LETTER WILL BE CONSIDERED “CLEAN” CLAIMS AND WILL NOT BE RESEARCHED.

UNISYS PROVIDER RELATIONS FIELD ANALYSTS

Upon request, Provider Relations Field Analysts are available to visit and train new providers and their office staff on site. Providers are encouraged to request Analyst assistance to help resolve complicated billing/claim denial issues and to help train their staff on Medicaid billing procedures. **However, since Field Analysts routinely work in the field, they are not available to answer calls regarding eligibility, routine claim denials, and requests for printed material, or other policy documentation. These calls should be directed to the Unisys Provider Relations Telephone Inquiry Unit at (800) 473-2783 or (225) 924-5040.**

FIELD ANALYST	PARISHES SERVED		
Martha Craft (225) 237-3306	Jefferson Orleans	St. Charles Plaquemines St. Bernard	
Open	Bienville Bossier Caddo Claiborne East Carroll Lincoln Madison Morehouse Vicksburg, MS	Ouachita Richland Union Webster West Carroll Marshall, TX	
Mona Doucet (225) 237-3249	Acadia Evangeline Iberia Lafayette	St. Landry St. Martin St. Mary Vermillion	
Open	Allen Beauregard Calcasieu Cameron	Jeff Davis Lafourche Terrebonne Vernon	Jasper, TX Beaumont, TX
Sharon Harless (225) 237-3267	Avoyelles Iberville West Baton Rouge	East Feliciana West Feliciana Woodville/Centerville (MS) Pointe Coupee	
Erin McAlister (225) 237-3201	Ascension Assumption Livingston St. Helena St. James	St. John the Baptist St. Tammany Tangipahoa Washington McComb (MS)	
Courtney Patterson (225) 237-3269	East Baton Rouge		
Kathy Robertson (225) 237-3260	Caldwell Catahoula Concordia DeSoto Franklin Grant Jackson LaSalle	Natchitoches Rapides Red River Sabine Tensas Winn Natchez (MS)	

PHONE AND FAX NUMBERS FOR PROVIDER ASSISTANCE

Department	Toll Free Phone	Phone	Fax
REVS - Automated Eligibility Verification	(800) 776-6323	(225) 216-7387	
Provider Relations	(800) 473-2783	(225) 924-5040	(225) 237-3334
POS (Pharmacy) - Unisys	(800) 648-0790	(225) 237-3381	(225) 237-3334
Electronic Data Interchange (EDI) - Unisys		(225) 237-3200 option 2	(225) 237-3331
Prior Authorization (DME, Rehab) - Unisys	(800) 488-6334	(225) 928-5263	(225) 237-3342 or (225) 929-6803
Home Health P.A. - Unisys EPSDT PCS P.A. - Unisys	(800) 807-1320		(225) 237-3342 OR (225) 929-6803
Dental P.A. - LSU School of Dentistry		(504) 619-8589	(504) 619-8560
Hospital Precertification - Unisys	(800) 877-0666		(800) 717-4329
Pharmacy Prior Authorization	(866) 730-4357		(866) 797-2329
Provider Enrollment - Unisys		(225) 237-3370	
Fraud and Abuse Hotline (for use by providers and recipients)	(800) 488-2917		
WEB Technical Support Hotline-Unisys	(877) 598-8753		

ADDITIONAL NUMBERS FOR PROVIDER ASSISTANCE

Department	Phone Number	Purpose
Regional Office – DHH	(800) 834-3333 (225) 925-7948	Providers may request verification of eligibility for presumptively eligible recipients; recipients should contact to request a new card or to discuss eligibility issues.
Eligibility Operations –BHSF	(888) 342-6207	Recipients may address questions concerning eligibility issues.
LaCHIP Program	(877) 252-2447	Providers and recipients may obtain information regarding the LaCHIP program, which expands Medicaid eligibility for children from birth to 19.
Office of Public Health - Vaccines for Children Program	(504) 483-1900	Providers may obtain information regarding the Vaccines for Children program, including information on how to enroll in the program.
Referral Assistance - ACS	(877) 455-9955	Providers or recipients may use this phone number for referral assistance.
KIDMED Provider Hotline – ACS	(800) 259-8000	Providers may obtain information on KIDMED linkage, referrals, monitoring, certification, and names of agencies that provide PCS services.
KIDMED Recipient Hotline – ACS	(800) 259-4444	Recipients request enrollment in KIDMED program and obtain information on KIDMED linkage.
CommunityCARE Provider Hotline – ACS	(800) 609-3888	Providers inquire about PCP assignment for CommunityCARE recipients and about CommunityCARE monitoring/certification.
CommunityCARE Recipient Hotline – ACS	(800) 359-2122	Recipients may choose or change a PCP, inquire about CommunityCARE program policy or procedures, and express complaints concerning the CommunityCARE program.
Bureau of Community Support and Services – BCSS	(800) 660-0488 (225) 219-0200	Providers and recipients may request assistance regarding waiver services provided to waiver recipients (does not include claim or billing problems or questions)
EarlySteps Program	(866)327-5978	Providers and recipients may obtain information on EarlySteps program and services offered.
LINKS	(504)483-1900	Providers may obtain immunization information on recipients.

DHH PROGRAM MANAGER REQUESTS

Questions regarding the rationale for Medicaid policy, procedure coverage and reimbursement, medical justification, written clarification of policy that is not documented, etc. should be directed in writing to the manager of your specific program:

Program Manager - (i.e. DME, Hospital, etc.)
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821

ELECTRONIC DATA INTERCHANGE

It is very important for providers billing electronically to take the necessary steps to ensure that their claims are submitted using the HIPAA mandated 837 specifications. The following information will assist your Software Vendor, Billing Agent or Clearinghouse (VBC) to submit HIPAA approved 837 transactions to Louisiana Medicaid.

The following table contains the current DHH implementation schedule for transition to HIPAA compliant electronic submissions by the applicable Medicaid Programs. Affected providers will be required to bill Louisiana Medicaid using the compliant 837 format by the implementation date stated below. **Additionally, in the near future claims submitted using the proprietary specifications will be held for 21 days. Please watch for further information that will be forthcoming about this change.**

PROGRAM	IMPLEMENTATION DATE
Ambulance Transportation	January 1, 2005
DME	January 1, 2005
Dental	January 1, 2005
Hemodialysis	November 1, 2004
Hospice	November 1, 2004
Hospital Inpatient/Outpatient	November 1, 2004
KIDMED	TBD
Personal Care Services (PCS)	TBD
Professional: Ambulatory Surgical Centers EPSDT Health Services Independent Lab & X-ray Mental Health Clinics Mental Health Rehabilitation Centers Physician Services (including physicians, optometrists, podiatrists, audiologists, psychologists, chiropractors, APRNs) Rehabilitation Centers Vision	To Be Phased In Beginning April 1, 2005 (Further information concerning dates of phases and programs will be forthcoming.)
Rural Health Clinics/Federally Qualified Health Centers	TBD
Waiver (all)	TBD

NOTE 1: Long Term Care/LTC (Nursing Facilities, ICF-MR Facilities, Hospice Room and Board, Adult Day Health Care Facilities) MUST ultimately transition to either 837 electronic billing or UB-92 paper billing. The final implementation date for this transition is to be determined.

NOTE 2: Non-Emergency Medical Transportation and Case Management Providers are excluded from HIPAA and will continue to submit electronic claims with the Louisiana Medicaid Proprietary Transactions.

If you are not currently submitting the HIPAA compliant 837 transaction, Louisiana Medicaid strongly recommends that you contact your VBC to determine if they can meet your needs as a Louisiana Medicaid provider. If your VBC has not started testing, you may go to www.lamedicaid.com/hipaa to view the VBC list and select a VBC that is approved for your program. This list is updated monthly by the EDI group. **YOU MUST BE TRANSITIONED TO THE 837 HIPAA COMPLIANT FORMAT BY THE APPLICABLE DATES IN ORDER TO CONTINUE TO SUBMIT CLAIMS ELECTRONICALLY.**

The list includes contact information, the types of X12N HIPAA 837 transactions supported, and a status of “Enrolled”, “Testing”, “Parallel”, or “Approved”. The final “Approved” status means a provider can submit HIPAA 837 transactions THROUGH the approved VBC to Louisiana Medicaid.

Louisiana Medicaid encourages all providers to use the VBC list to shop for a VBC that best suits their needs and budget. The features, functions, and costs vary significantly between VBCs. *Find the one that is right for you.*

Providers can also monitor the list to see how their VBC is progressing toward production approval.

HIPAA DESK TESTING SERVICE ENROLLMENT

The first step towards HIPAA readiness is to have the VBC complete the HIPAA Testing Enrollment Form located at www.lamedicaid.com/hipaa. All VBCs **MUST** complete the required testing before any electronic claims may be submitted for providers. Therefore, the VBC must contact the LA Medicaid HIPAA EDI Group to enroll. (Providers who develop their own electronic means of submitting claims to LA Medicaid are considered the VBC).

VBCs can also get an enrollment form by e-mailing the HIPAA EDI group at *hipaaedi@unisys.com or by calling (225) 237-3318. The VBC must complete the form and return it by e-mail to Louisiana Medicaid. A HIPAA EDI representative will issue the VBC login information for our testing service.

Throughout the implementation of HIPAA requirements, Louisiana Medicaid has offered intense support. One of the support systems offered to the VBCs is HIPAADesk.com, which is a completely automated testing site for validation of X12 syntax. While the HIPAADesk.com is available for any VBC's use to validate X12 transactions, Louisiana Medicaid has furnished additional resources within this site. **The enhanced Louisiana-specific service will be offered through January 31, 2005 only.** After that, it will be the responsibility of the VBC to validate X12 syntax before testing with Louisiana Medicaid. Validation of X12 syntax does not validate 837 transactions for submission to Louisiana Medicaid. Additional testing is required.

With the exception of Long Term Care providers, individual providers using software that has been approved for a VBC do not need to test individually. Once a VBC is approved for production, this approval is also applied to those providers using the approved software.

In the Louisiana-specific section of HIPAADesk.com all Companion Guides for the 837I, 837P, 837D, and 278 transactions are available for download. **Our testing service through HIPAADesk.com is available 24 hours a day, 7 days a week and will maintain those hours through the end of January 2005.**

HIPAA-COMPLIANT 837 TRANSACTION TESTING SERVICE

Testing of 837 transactions involves two levels: validation of 837 transaction syntax and parallel testing of claims submitted in proprietary and HIPAA-compliant formats. Once the VBC has contacted Louisiana Medicaid and the enrollment process is complete, login information will be furnished to the identified testers on the enrollment form.

The testing service is a secure web based application that requires an internet connection and a web browser. The testing service contains all necessary information for a VBC to test for compliance with Louisiana Medicaid. Companion Guides for the 837I, 837P, 837D, and 278 transactions and other necessary and useful documentation are available for download from within the HIPAADesk.com testing service.

Each 837 testing program includes several tasks that must be performed successfully to complete Desk.com testing. Upon completion of EDI testing, the VBC will begin MMIS Parallel Testing. The testing service is comprehensive and evaluates SNIP 1-7 types of testing.

MMIS PARALLEL TESTING

Please refer to the section on Connectivity with the Payer/Communications in the Louisiana Medicaid General Companion Guide for instructions on how to gain access to our test Bulletin Board System (BBS). This guide is also available for download from within HIPAADesk.com.

Parallel testing will compare a current proprietary electronic claim file with a parallel HIPAA EDI file both utilizing the same source data. Generally, the current proprietary and HIPAA EDI file should adjudicate the same.

NOTE: For those submitters who did not previously send proprietary electronic Medicaid claims, such as TAD billers, the parallel testing process will be slightly different. Instead of sending a copy of an EDI file to the BBS, you will e-mail 25 Internal Control Numbers (ICNs) from paper-billed claims from your last remittance advice to your HIPAA EDI QA parallel testing support person. If there weren't 25 ICNs on your last remittance advice, e-mail all the ICNs on your most recent weeks remittance advice and that is acceptable. If a tester does not have an assigned support person, contact the HIPAA EDI Test Team at *hipaaedi@unisys.com or call (225) 237-3318.

These claims will be compared to the HIPAA file sent to the test BBS, which was generated from the same data.

EDI CLAIMS SUBMISSION

CLAIMS SUBMISSION

Electronic data claim submission is the preferred method of submitting Medicaid claims to Unisys. With electronic data, a provider or a third party contractor (billing agent) submits Medicaid claims to Unisys on a computer encoded magnetic tape, diskette or via telecommunications.

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each type of claim has unique edits consistent with the requirements outlined in the provider manuals. All claims received via electronic data must satisfy the criteria listed in the manual for that type of claim.

Advantages of submitting claims electronically include increased cash flow, improved claim control, decrease in time for receipt of payment, automation of receivables information, improved claim reporting by observation of errors and reduction of errors through pre-editing claims information.

CERTIFICATION FORMS

Each reel of tape, diskette or telecommunicated file submitted for processing must be accompanied by a submission certification form signed by the authorized Medicaid provider or billing agent for each provider whose claims are billed using electronic data. The certification must be included in each tape or diskette submitted. Providers submitting by telecommunications must submit this certification within 48 hours.

Third Party Billers are required to submit a Certification Form including a list of provider(s) name(s) and Medicaid Provider numbers. Additionally, all Third Party Billers **MUST** obtain a "Professional, Pharmacy, Hospital or KIDMED Services Certification" form on which the provider has attested to the truth, accuracy and completeness of the claim information. These forms **MUST** be maintained for a period of five years. This information must be furnished to the agency, the DHH Secretary, or the Medicaid Fraud Control Unit upon request.

Required Certification forms may be obtained from lamedicaid.com under the HIPAA Information Center link. The required forms are available in both the General EDI Companion Guide and the EDI Enrollment Packet.

For telecommunication files, the required Certification Form must be mailed to the Unisys EDI Unit within 48 hours. The form must be completed in its entirety including the following fields:

- Provider Name
- Provider Number
- Submitter Number
- Claim Count
- Total Charges of submission
- Submission Date
- Original Signature
- For **THIRD PARTY BILLERS / CLEARINGHOUSES** - a list of Provider Names and Numbers contained in the submission must be attached.

Failure to correctly complete the Certification Form will result in the form being returned for correction.

To contact the EDI Department at Unisys, call (225) 237-3200 and select option 2. Providers may write to Unisys EDI Department, P.O. Box 91025, Baton Rouge, LA 70821.

Electronic Data Claims (EDI) may be submitted by magnetic tape, 5 1/4" diskette, 3 1/2" diskette, or telecommunication (modem).

Electronic Adjustments/Voids

Adjustments and voids can be submitted electronically. If your present software installation does not offer this option, please contact your software vendor to discuss adding this capability to your software.

SUBMISSION DEADLINES

Regular Business Weeks

Magnetic Tape and Diskettes	4:30 P.M. each Wednesday
KIDMED Submissions (All data)	4:30 P.M. each Wednesday
Telecommunications (Modem)	10:00 A.M. each Thursday

Thanksgiving Week

Magnetic Tape and Diskettes	4:30 P.M. Tuesday, 11/23/04
KIDMED Submissions	4:30 P.M. Tuesday, 11/23/04
Telecommunications (Modem)	10:00 A.M. Wednesday, 11/24/04

Important Reminders For EDI Submission

- Denied claims may be resubmitted electronically unless the denial code states otherwise. This includes claims that have produced a denied claim turnaround document (DTA). Claims with attachments must be submitted hardcopy.
- If errors exist on a file, the file may be rejected when submitted. Errors should be corrected and the file resubmitted for processing.
- The total amount of the submitted file must equal the amount indicated on the Unisys response file.
- **All claims submitted must meet timely filing guidelines.**

ELECTRONIC DATA INTERCHANGE (EDI) GENERAL INFORMATION

- Please review the entire **General Companion Guide** before completing any forms or calling the EDI Department.
- The following claim types may be submitted as approved HIPAA compliant 837 transactions:
 - Pharmacy
 - Hospital Outpatient/Inpatient
 - Physician/Professional
 - Home Health
 - Emergency Transportation
 - Adult Dental
 - Dental Screening
 - Rehabilitation
 - Crossover A/B
- The following claim types may be submitted under proprietary specifications (not as HIPAA-compliant 837 transactions):
 - Case Management services
 - Non-Ambulance Transportation

Enrollment Requirements For EDI Submission

- **Submitters wishing to submit EDI 837 transactions without using a Third Party Biller** - complete the **PROVIDER'S ELECTION TO EMPLOY ELECTRONIC DATA SUBMISSION OF CLAIMS (EDI Contract)**.
- **Submitters wishing to submit EDI 837 transactions through a Third Party Biller or Clearinghouse** – complete the **PROVIDER'S ELECTION TO EMPLOY ELECTRONIC DATA SUBMISSION OF CLAIMS (EDI Contract)** and a Limited Power of Attorney.
- **Third Party Billers or Clearinghouses** (billers for multiple providers) are required to submit a completed HCFA 1513 – Disclosure of Ownership form and return it with a completed EDI Contract and a Limited Power of Attorney for their first client to Unisys Provider Enrollment.

Enrollment Requirements For 835 Electronic Remittance Advices

- All EDI billers have the option of signing up for 835 Transactions (Electronic Remittance Advice). This allows EDI billers to download their remittance advices weekly.
- 835 Transactions may not contain all information printed on the hardcopy RA, ex. blood deductible, patient account number, etc.
- To request 835 Transactions – Electronic Remittance Advice, contact Unisys EDI Department at (225) 237-3200 ext. 2.

General Information

- Any number of claims can be included in production file submissions. There is no minimum number.
- Testing is required for all submitters (including KIDMED) before they are approved to submit claims for production unless the testing requirement has been completed by the Vendor. LTC providers must test prior to submission to production.
- Case Management Services and Non-Ambulance Transportation submitters who file via modem MUST wait 24 hours, excluding weekends, between file submissions to allow time for processing.

UNISYS CLAIMS FILING ADDRESSES

To expedite payment, providers should send "clean" claims directly to the appropriate Post Office Box as listed below. All Post Office Boxes are for Unisys Corporation, Baton Rouge, LA.

Type of Claim or Department

Post Office Box

The zip code for the following P.O. Boxes is 70821:

Pharmacy (original claims and adjustment/voids).....	91019
CMS-1500, including services such as Professional, Independent Lab, Substance Abuse and Mental Health Clinic, Hemodialysis, Professional Services, Chiropractic, Durable Medical Equipment, Mental Health Rehabilitation, EPSDT Health Services, Case Management, FQHC, and Rural Health Clinic (original claims and adjustment/voids)	91020
Inpatient and Outpatient Hospitals, Long Term Care, Hospice, Hemodialysis Facility, Freestanding Psychiatric Hospitals (original claims and adjustment/voids).....	91021
Dental, Transportation (Ambulance and Non-ambulance), Rehabilitation, Home Health (original claims and adjustment/voids).....	91022
All Medicare Crossovers and All Medicare Adjustments and Voids.....	91023
Provider Relations.....	91024
EDI, Unisys Business, and Miscellaneous Correspondence.....	91025

The zip code for the following P.O. Boxes is 70898:

Provider Enrollment.....	80159
Prior Authorization.....	14919
KIDMED.....	14849

CLAIMS PROCESSING REMINDERS

Unisys Louisiana Medicaid images and stores all Louisiana Medicaid paper claims on-line. This process allows the Unisys Provider Relations Department to respond more efficiently to claim inquiries by facilitating the retrieval and research of submitted claims.

If claims cannot be submitted electronically, prepare paper claim forms according to the following instructions to ensure appropriate and timely processing:

- Submit an original claim form whenever possible. Do not submit carbon copies under any circumstances. If you must submit a photocopy, ensure that it is legible, and not too light or too dark.
- Enter information within the appropriate boxes and align forms in your printer to ensure the correct horizontal and vertical placement of data elements within the appropriate boxes.
- Providers who want to draw the attention of a reviewer to a specific part of a report or attachment are asked to circle that particular paragraph or sentence. **DO NOT use a highlighter to draw attention to specific information.**
- Paper claims must be legible and in good condition for scanning into our document imaging system.
- **Don't forget to sign and date your claim form. Unisys will accept stamped or computer-generated signature, but they must be initialed by authorized personnel.**
- Continuous feed forms must be torn apart before submission.
- Use high quality printer ribbons or cartridges-black ink only.
- Use 10-12 point font sizes. We recommend font styles Courier 12, Arial 11, and Times New Roman 11.
- Do not use italic, bold, or underline features.
- Do not submit two-sided documents.
- Do not use a marking pen to omit claim line entries. Use a black ballpoint pen (mum point).

- **The recipient's 13-digit Medicaid ID number must be used to bill claims. The CCN number from the plastic card is NOT acceptable.**

REJECTED CLAIMS

Unisys currently returns illegible claims. These claims have not been processed and are returned along with a cover letter stating what is incorrect.

The criteria for legible claims are:

- (1) all claim forms are clear and in good condition,
- (2) all information is readable to the normal eye,
- (3) all information is centered in the appropriate block, and
- (4) all essential information is complete.

ATTACHMENTS

All claim attachments should be standard 8 1/2 x 11 sheets. Any attachments larger or smaller than this size should be copied onto standard sized paper. If it is necessary to attach documentation to a claim, the documents must be placed directly behind each claim that requires this documentation. Therefore, it may be necessary to make multiple copies of the documents if they must be placed with multiple claims.

CHANGES TO CLAIM FORMS

Louisiana Medicaid policy prohibits Unisys staff from changing any information on a provider's claim form. Any claims requiring changes must be made prior to submission. Please do not ask Unisys staff to make any changes on your behalf.

DATA ENTRY

Data entry clerks do not interpret information on claim forms-data is keyed as it appears on the claim form. If the data is incorrect, or IS NOT IN THE CORRECT LOCATION, the claim will not process correctly.

APPENDIX

EPSDT HEALTH SERVICES PROCEDURE CODES

The following chart lists the codes most commonly billed by EPSDT Health Services providers:

Procedure Code	Description
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility; approximately 20 – 30 minutes face to face with the patient
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approximately 20-30 minutes face to face with patient
90812	Individual psychotherapy, interactive, using play equipment, physical device, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approx 45-50 minutes face to face with the patient
90846	Family psychotherapy(w/o Patient)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy (other than of a multiple family group)
90857	Interactive group psychotherapy
92506	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group, 2 or more individuals
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold), air only.
92553	Pure tone audiometry (threshold), air and bone.
92555	Speech audiometry threshold
92556	Speech audiometry threshold ; with speech recognition
92557	Comprehensive audiometry, threshold evaluation and speech recognition
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92571	Filtered speech test
92572	Staggered spondaic word test
92575	Sensorineural acuity level test

92576	Synthetic sentence identification test
92577	Stenger test, speech
92582	Conditioning play audiometry
92583	Select picture audiometry
92584	Electrocochleography
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the CNS; limited
92590	Hearing aid exam and selection, monaural
92591	Hearing aid exam and selection, binaural
92592	Hearing aid check, monaural
92593	Hearing aid check, binaural
92594	Electroacoustic evaluation for hearing aid, monaural
92595	Electroacoustic evaluation for hearing aid, binaural
96100	Psychological Testing with Interpretation and Report
97001	Physical Therapy evaluation
97003	Occupational Therapy Evaluation
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effeurage, petrissage, and/or tapotement (stroking, compression, percussion, etc.)
97504	Orthotic(s) fitting and training upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes
97750	Physical performance test or measurement with a written report, each 15 minutes



System Points of Entry (SPOE's)

<u>DHH Region</u>	<u>SPOE</u>	<u>Parishes</u>	<u>Contractor Information</u>
1	National Rehab Partners	Orleans and St. Bernard	Joan Semmes, Director 2714 Canal Street, Suite 304 New Orleans, LA 70119 (504) 821-6661 fax- (504) 822-0943 E-mail: joan.semmes@rehabnrrp.com
1	Families Helping Families of Greater New Orleans	Jefferson and Plaquemine's Parishes	Mary Kulas, Program Supervisor 4323 Division St., Suite 208 Metairie, LA 70002-3179 (504) 324-1442 Toll Free (800) 766-7736 fax- (504) 457-0337 E-mail: mkulas@fhfognor.org
2	Families Helping Families of Greater Baton Rouge	East Baton Rouge, East Feliciana, and West Feliciana Parishes	Renee Barber, Program Supervisor 3060 Teddy Drive, Suite A Baton Rouge, LA 70809 (225) 925-2426 Toll Free 1 (866) 925-2426 fax- (225) 925-1370 E-mail: spoegbr1@bellsouth.net
2	Families Helping Families of Greater Baton Rouge	Pointe Coupee, West Baton Rouge, Iberville, and Ascension Parishes	Renee Barber, Program Supervisor 3060 Teddy Drive, Suite A Baton Rouge, LA 70809 (225) 925-2426 Toll Free 1 (866) 925-2426 fax- (225) 925-1370 E-mail: spoegbr1@bellsouth.net
3	Bayou Land Families Helping Families	Assumption, St. John, St. Charles, and St. James Parishes	Lisa Deroche, Program Supervisor 2840 West Airline Hwy, Suite D LaPlace, LA 70068 (985) 479-2430 Toll Free 1 (866) 234-0593 fax- (985) 479-2432 E-mail: lderoche@sw.rr.com
3	Bayou Land Families Helping Families	Terrebonne, Lafourche, and St. Mary Parishes	Samantha Lassere, Program Supervisor 760 West Tunnel Blvd., Suite B Houma, LA 70360 (985) 872-1830 fax- (985) 872-1841 E-mail: slassere@bellsouth.net

4	First Steps Referral and Consulting LLC	Lafayette, Iberia, St. Martin, and Vermillion Parishes	Mary F. Hockless, CEO P.O. Box 12213 New Iberia, LA 70562 (337) 359-8748 fax- (337) 359-8747 toll free- 1-(866) 494-8900 E-mail: teamfsrc@bellsouth.net
4	First Steps Referral and Consulting LLC	St. Landry, Evangeline, Acadia	Mary Hockless, CEO P.O. Box 12213 New Iberia, LA 70562 (337) 359-8748 fax- (337) 359-8747 toll free 1- (866) 494-8900 E-mail: teamfsrc@bellsouth.net
5	First Steps Referral and Consulting LLC	Cameron and Calcasieu Parishes	Mary Hockless, CEO P.O. Box 12213 New Iberia, LA 70562 (337) 359-8748 fax- (337) 359-8747 toll free 1- (866) 494-8900 E-mail: teamfsrc@bellsouth.net
5	Families Helping Families of Families Helping Families of Southwest Louisiana, Inc	Beauregard, Jefferson Davis, and Allen parishes	Crystal Broussard, Intake Supervisor 109 N. Pine Street DeRidder, LA 70634 (337) 460-8440 Fax- (337) 460-8446 Toll Free- (866) 460-8440 E-mail: bajdspoe@bellsouth.net
6	Families Helping Families at the Crossroads of Louisiana	Vernon, and Rapides Parishes	Teresa Harmon, Program Supervisor 2840 Military Highway Suite B Pineville, LA71360 Phone # (318) 640-7078 Toll Free# 1-866-445-7672 Fax # (318) 640-5799 E-mail: tjharmon891@hotmail.com
6	Families Helping Families at the Crossroads of Louisiana	Winn, Grant, La Salle, Catahoula, Concordia, Avoyelles	Teresa Harmon, Program Supervisor 2840 Military Highway Suite B Pineville, LA71360 Phone # (318) 640-7078 Toll Free# 1-866-445-7672 Fax # (318) 640-5799 E-mail: tjharmon891@hotmail.com
7	Families Helping Families of Northwest Louisiana, Inc.	Caddo Parish	Jennifer Boyll, Program Supervisor 2620 Centenary Blvd., Bldg. 2, Suite 236 Shreveport, LA 71104 (318) 226-8038 fax- (318) 425-8295 Toll Free- (866) 676-1695 E-mail: jennifer@spoe.ntcmail.net

7	Families Helping Families of Northwest Louisiana, Inc	Bossier, Webster, Claiborne, Bienville	Jennifer Boyll, Program Supervisor 2620 Centenary Blvd., Bldg. 2, Suite 236 Shreveport, LA 71104 (318) 226-8038 fax- (318) 425-8295 Toll Free (866) 676-1695 E-mail: Jennifer@spoe.ntcmail.net
7	Natchitoches Parish School Board	Natchitoches, Sabine, De Soto, and Red River Parishes	Cynthia C. Winston, Director 415 Martin Luther King Jr. Drive Natchitoches, LA 7145 (318) 238-2578 fax- (318) 238-2580 toll free 1-800-710-0133 E-mail: Cynthia@walt.nat.k12.la.us & jones@nat.k12.la.us
8	Easter Seals of Louisiana	Ouachita, Union, Jackson, Lincoln, and Caldwell Parishes	Shellie Hubbard, Director 1300 Hudson Lane, Suite 5 Monroe, LA 71201 (318) 322-4788 Toll Free 1 (877) 322-4788 fax- (318) 322-1549 E-mail: shubbard@bayou.com
8	Easter Seals of Louisiana	Morehouse, West Carroll, East Carroll, Richland, Franklin, Tensas, and Madison Parishes	Shellie Hubbard, Director 715 Broadway, Suite A Delhi, LA 71232 (318) 878-5222 Toll Free 1 (800) 578-5220 fax- (318) 878-0092 E-mail: shubbard@bayou.com
9	Northshore Families Helping Families	St. Tammany Parish	Donna Reno, Program Supervisor 111 N. Madison St. Covington, LA 70433 (985) 875-0612 fax- (985) 809-5092 Toll Free (800) 383-8700 E-mail: donnareno@charterinternet.com
9	Southeast Area Health Education Center	Livingston, Tangipohoa, Washington, and St. Helena Parishes	Brian Jakes, CEO 1302 J.W. Davis Drive Hammond, LA 70403 (985) 345-1119 Fax- (985) 419-9486 Toll Free- (888) 295-4270 E-mail: ahecbpj@juno.com revised 7/13/2004

PLACE OF SERVICE CODES

Current codes and descriptions are maintained at posinfo@cms.hhs.gov.

Place of Service Code	Place of Service Name	Place of Service Description
03	School	A facility whose primary purpose is education.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
99	Other Place of Service	Other place of service not identified above.

HOW DID WE DO?

In an effort to continuously improve our services, Unisys would appreciate your comments and suggestions. Please complete this survey and return it to a Unisys representative or leave it on your table. **Your opinion is important to us.**

Seminar Date: _____ Location of Seminar (City): _____

Provider Subspecialty (if applicable): _____

FACILITY	Poor			Excellent	
The seminar location was satisfactory	1	2	3	4	5
Facility provided a comfortable learning environment	1	2	3	4	5
SEMINAR CONTENT	Poor			Excellent	
Materials presented are educational and useful	1	2	3	4	5
Overall quality of printed material	1	2	3	4	5
UNISYS REPRESENTATIVES	Poor			Excellent	
The speakers were thorough and knowledgeable	1	2	3	4	5
Topics were well organized and presented	1	2	3	4	5
Reps provided effective response to questions	1	2	3	4	5
Overall meeting was helpful and informative	1	2	3	4	5
SESSION: EPSDT Health Services					

What topic was most beneficial to you? _____

Please provide constructive comments and suggestions: _____

To order written materials provided by Unisys, please call Unisys Provider Relations Telephone Inquiry Unit at **(800) 473-2783 or (225) 924-5040.**

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