NON-EMERGENCY MEDICAL TRANSPORTATION TRAINING

Medicaid Issues for 2004
(Fall Issue)

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

UNISYS

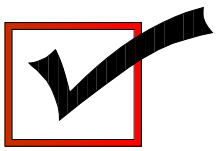
ABOUT THIS DOCUMENT

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 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 in the workshops is on policy and procedures, which 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. The Basic Medicaid Information Training packet may be obtained by attending a Basic Medicaid Information workshop or by requesting a copy from Unisys Provider Relations or by download from the LAMEDICAID website.

Providers should use this packet in conjunction with the Louisiana Medicaid NEMT provider manual.



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).

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.**

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, Periodic and Interperiodic
*Prenatal Care
*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
*Certified Nurse Practitioners
*Certified Nurse Midwives
*Mental Health Clinic Services
*Mental Health Rehabilitation

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.

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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.

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.

***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.

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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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 EDI 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 EDI 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.

POLICY REMINDERS

Timeliness

Providers are responsible for picking up recipients in a timely manner to insure that they arrive at their appointments on time and are returned home within a reasonable amount of time. **If a provider accepts a trip, and then determines that he is unable to provide the service, the provider must notify the dispatch office immediately, provide an explanation, and notify the recipient.**

If a driver returns to pick up a recipient and cannot locate the recipient, the driver must determine if the recipient left the premises and make every attempt to locate the recipient. If the recipient cannot be located, the driver must notify his office immediately, and the provider must notify the dispatch office immediately. Failure on the part of the driver/provider to act responsibly may result in administrative sanctions, such as suspension from the program.

Efficient Trip Scheduling

Providers must transport as many recipients as the vehicles allow when there are individuals going to the same medical service during the same time period. However, when transporting recipients whose waiting time is excessive, recipients who are ready to leave should be taken home. The provider should either return later or send another vehicle to pick up recipients who had not completed their appointments.

Recipient Freedom Of Choice

The recipient is entitled to freedom of choice. A medical provider cannot decide for the recipient which transportation provider will be used. The dispatch office assigns trips based on the least costly means of transportation available in the geographic area, with consideration given to the recipient's preference.

Requests for transportation must be made directly to the dispatch office, not to individual transportation providers.

Canceled Trips/Dry Runs

A provider must be able to receive cancellations between 8:00 a.m. and 4:30 p.m. Monday through Friday. A provider may not file a claim for a trip, which has been canceled, by the dispatch office.

No payment is made for a dry run. A dry run occurs when a provider is assigned a trip and the recipient is not at the pick up point, or the recipient canceled the medical appointment. In order for a service to be billed, a recipient must be transported.

Provider Service Area

A provider service area is the parish or parishes in which the transportation provider is authorized to operate. A minimum of one vehicle must be available per parish in the service area. Health Standards approves requests to serve a particular area, as well as expansions or reductions in authorized service areas or changes in a provider's capacity. As part of the approval process, the provider's record keeping and billing activity will be reviewed for accuracy and compliance. Expansions will not be approved for providers requiring corrective action until necessary changes are made. Requests for expansion within 60 days of enrollment (or the last review which revealed no problems) will be granted without another review.

The transportation provider must be authorized to transport within the recipient's parish of origin.

POLICY CLARIFICATION

Minimum Liability Insurance Requirements

A provider is required to have minimum liability insurance coverage of $100,000 per person and $300,000 per accident, or a combined single limit of $300,000 at all times. **Providers authorized to transport recipients out of state must carry a minimum of $1,500,000 in automobile liability coverage.** Automobile liability must include coverage for owned, hired, and non-owned autos.

Each provider must be covered at all times by **general liability insurance** to cover the business entity and maintain a minimum coverage of $300,000 combined single Limit of Liability at all times.

Failure to comply with the minimum liability insurance coverage requirements on each vehicle and on the business entity is grounds for immediate suspension as a Medicaid transportation provider. Operation without the minimum liability insurance coverage is a violation of the provider enrollment and participation requirements. All payments made during the period of violation are subject to recoupment.

The dispatch office is immediately notified by Health Standards when a provider is suspended for failure to comply with insurance requirements. In accordance with DHH policy, the dispatch office is instructed to immediately cancel trips assigned to the provider, including capitated trips, and to attempt to reschedule the trips. There are situations when the provider fulfills the requirements in a short time and becomes reinstated. If this is the case, and the reinstated provider is informed by dispatch that the trips have already been rescheduled, the dispatch office will not cancel the second provider in order to re-schedule the original provider. This is DHH policy; **it is the responsibility of the provider to comply with the insurance requirements.** Under no circumstances will the dispatch office schedule a trip with a provider who is out of compliance. Dispatch must receive notification of reinstatement from Health Standards before scheduling can resume.

Attendants/Children

Medicaid does not pay for the transportation of an attendant or accompanying children. The provider may not bill Medicaid, or the recipient, or anyone else for the transport of an attendant or a child.

The dispatch office is required to inform the transportation provider if a recipient intends to be accompanied by a child or children. The transportation provider may refuse to transport the child or children, or may refuse to transport more than one child or attendant. The transportation provider may determine that an adult recipient requires an attendant, and may require an attendant to accompany the recipient.

The dispatch office is responsible for determining if an attendant is needed for a recipient.

A parent, legal guardian, or responsible person must accompany children under the age 17.

The attendant **MUST:**

1. Be age 17 or older; and
2. Be designated by the parent if the attendant is not the parent or legal guardian; and
3. Be able to authorize medical treatment and to care for the child; and
4. Accompany the child to and from the medical appointment.

The attendant **MUST NOT:**

5. Be a Medicaid provider or employee of a Medicaid provider that is providing services to the recipient being transported; or
6. Be a transportation provider or an employee of a transportation provider; or
7. Be an employee of a mental health or substance abuse clinic.

REIMBURSEMENT

Non-profit providers may not receive capitated payments. Only for-profit providers may be reimbursed at capitated rates. Capitated payments are based on the number of trips and the distance traveled. Additional trips for medical appointments related to the service for which the capitated trips are scheduled are included in the capitated rate. **A provider who accepts a capitated payment is required to provide transportation for related medical appointments, and no additional payment for these trips may be made.**

NEMT NON-AMBULANCE RATES AND CODES

PROFIT PROVIDERS	PROCEDURE CODE	RATES
Flat Rate	Z5177	$ 18.00 per recipient
Negotiated	Z5178	To be given by dispatch
Capitated (urban)	Z5179	$ 180.00 per month
Capitated (rural)	Z5180	$ 240.00 per month
Enhanced Capitated (5 trips or more per week)	Z5182	$ 360.00 per month
Remote Capitated (>120 miles round trip)	Z5183	$ 360.00 per month
Wheelchair Capitated (rural)	Z5184	$ 300.00 per month
Wheelchair Capitated (urban)	Z5185	$ 216.00 per month
Wheelchair local	Z5186	$ 30.00 per recipient
Capitated-Negotiated	Z5188	Determined by state office

NON-PROFIT PROVIDERS	PROCEDURE CODE	RATES
Flat Rate	Z9498	$ 14.00 per trip
Negotiated	Z5176	To be given by dispatch
Wheelchair local	Z5187	$ 24.00 per recipient

Please Note: These rates and codes are effective for dates of service August 1, 2003, however rates and codes are subject to change.

A provider, who accepts a capitated rate to transport a recipient to a series of medical appointments, must be available on each day an appointment is scheduled. For example, if a recipient needs transportation to and from a dialysis center on Tuesday, Thursday, and Saturday, transportation must be provided on all three days. A provider may not choose the days he/she is available to transport the recipient to the center. Also, the transportation provider must transport the recipient to and from the appointments unless otherwise specified by the recipient.

NEMT INTRA-STATE RATES (based on round trip mileage)

MILES	RATE
0-65	$ 18.00
66-95	$ 22.50
96-125	$ 30.00
126-155	$ 37.50
156-185	$ 45.00
186-215	$ 52.50
216-245	$ 60.00
246-275	$ 67.50
276-305	$ 75.00
306-335	$ 82.50
336-365	$ 90.00
366-395	$ 97.50
396-425	$ 105.00
426-455	$ 112.50
456-485	$ 120.00
486-515	$ 127.50
516-545	$ 135.00
546-575	$ 142.50
576-605	$ 150.00
606-635	$ 157.50
636-665	$ 165.00
666-695	$ 172.50
696-725	$ 180.00
736-755	$ 187.50
756-785	$ 195.00
786-815	$ 202.50
816-845	$ 210.00
846-875	$ 217.50

DOCUMENTATION

A provider must maintain sufficient documentation to identify that recipients were transported. Such documentation consists of points of origin and destinations, driver qualifications, vehicle capabilities, and safety. Documentation must be maintained for five (5) years from the date on which the claim is paid.

Daily Schedule Of Transports

A provider must maintain a daily schedule of transports by parish of origin. The schedules must be available for review of trips by parish and by date. The schedule must include the recipient's name, address (or point of origin), appointment time, assigned driver(s), assigned vehicle(s), and destination.

Form MT-3 And Instructions For Completion

The MT-3 provides verification that a medical appointment was kept. It is completed by the driver and signed by the recipient and the medical provider or representative to confirm that the trip was completed. If the recipient does not or will not sign the MT-3, an explanation must be given in the "remarks" section of the claim form (Form 106). Following are instructions for completion of the Form MT-3 and a sample MT-3 form.

Top Section of MT-3 Form:

Date of Transportation: complete space provided with the date the transportation is being provided.

Time of Appointment: complete space provided with the actual time of the medical appointment. Circle a.m. or p.m. as appropriate.

I. Recipient Verification of Medical Transportation

Transportation Provider Name: complete with provider's name.
Recipient's Name: complete with recipient's name as it appears on the medical eligibility card.
Recipient's ID #: complete with the recipient's 13-digit ID number.
Recipient's Address: complete with the recipient's complete address including zip code.

Signature and Date: the recipient must sign and date with that day's date. If the recipient signs with a mark, this mark must be witnessed by at least one person who can sign his/her name.

II. Driver Certification

The driver of the vehicle should sign and date the form, providing the name of the driver who picked up the recipient for the appointment and returned the recipient after the appointment.

III. Medical Service Provider Verification

The medical provider or his/her representative must complete section III.

If the recipient did not receive medical services, an explanation is required.

An office stamp is accepted, but the medical provider or his/her representative must also sign and give his/her title and date.

The MT-3 form may not be signed prior to the service being rendered.

The form should be returned to the transportation provider. Further information on the use of this form can be found in Section 7 of the Medicaid Transportation Services provider manual (issued January 20, 1998).

Reminders To NEMT Providers

- ✓ All fields on the Form MT-3 **MUST** be completed.

- ✓ Form MT-3 is to be signed on the day of transport. Neither the NEMT provider nor the Medical Service Provider should pre date the form.

- ✓ All services for recipients are to be Prior Authorized. Recipients should not be transported without a Form MT-3.

- ✓ MT-3 forms submitted to Medical Dispatch AFTER transport will be denied.

- ✓ Weekend/after hour's transports must have verbal authorization by paging Medical Dispatch.

- ✓ Providers refusing transports must fax the Prior Authorization request back to Medical Dispatch immediately so recipients can be rescheduled.

Form MT-3 (Revised 12/93)

DATE OF TRANSPORTATION 8 28 04
TIME OF APPOINTMENT 10:00 a.m./p.m.

I. RECIPIENT VERIFICATION OF MEDICAL TRANSPORTATION

Transportation Provider Name XYZ MEDICAL INC.

Recipient Name FAITH MAEBELL ID # 0010600005421

Recipient Address 345 NOW DR. (Street) HAPPY, (City) LA (State) 70020 (Zip)

Having no other form of transportation to receive medical treatment under the Medicaid Program, I have requested transportation services from the Department of Health and Hospitals. My signature below acknowledges that I am using transportation to keep a medical appointment. I understand that transportation services can only be used to receive medical services. I understand that if I do not sign this request for medical transportation and return it to the transportation provider, the Department of Health and Hospitals or a duly appointed representative may choose to contact me or the medical provider I am being transported to for verification that I have kept my medical appointment.

Faith Maebell (Signature) *8/28/04* (Date)

II. DRIVER CERTIFICATION

Check appropriate block(s)

☐ I certify that I was the driver who provided the above named recipient with transportation to the medical facility.

JR Walker (Signature) 8/28/04 (Date)

☐ I certify that I was the driver who provided transportation for the above named recipient from the medical facility to the recipient's home.

JR Walker (Signature) 8/28/04 (Date)

III. MEDICAL SERVICE PROVIDER VERIFICATION

This section must be completed by the medical service provider or his/her representative and returned to the transportation provider by the recipient when the recipient is picked up after the medical appointment. Completion of this section by the signature of anyone other than the medical provider or his/her representative who rendered the services is prohibited and may result in prosecution.

☐ I certify that the above named recipient had an appointment on 8/28/04 at 10:00 a.m./p.m. and received medical service.

☐ I certify that the above named recipient was in the office on ___/___/___ at _____ a.m./p.m. but did not receive medical services because_____

Provider Office Stamp

Do Right, MD (Signature and Title) 8/28/04 (Date)

Form MT-3 (Revised 12/93)

DATE OF TRANSPORTATION ___/___/___
TIME OF APPOINTMENT _____ a.m./p.m.

I. RECIPIENT VERIFICATION OF MEDICAL TRANSPORTATION

Transportation Provider Name_____

Recipient Name_____ ID #_____

Recipient Address_____

Street City State Zip

Having no other form of transportation to receive medical treatment under the Medicaid Program, I have requested transportation services from the Department of Health and Hospitals. My signature below acknowledges that I am using transportation to keep a medical appointment. I understand that transportation services can only be used to receive medical services. I understand that if I do not sign this request for medical transportation and return it to the transportation provider, the Department of Health and Hospitals or a duly appointed representative may choose to contact me or the medical provider I am being transported to for verification that I have kept my medical appointment.

_____ _____

Signature Date

II. DRIVER CERTIFICATION

Check appropriate block(s)

☐ I certify that I was the driver who provided the above named recipient with transportation to the medical facility.

_____ _____

Signature Date

☐ I certify that I was the driver who provided transportation for the above named recipient from the medical facility to the recipient's home.

_____ _____

Signature Date

III. MEDICAL SERVICE PROVIDER VERIFICATION

This section must be completed by the medical service provider or his/her representative and returned to the transportation provider by the recipient when the recipient is picked up after the medical appointment. Completion of this section by the signature of anyone other than the medical provider or his/her representative who rendered the services is prohibited and may result in prosecution.

☐ I certify that the above named recipient had an appointment on ___/___/___ at _____ a.m./p.m. and received medical service.

☐ I certify that the above named recipient was in the office on ___/___/___ at _____ a.m./p.m. but did not receive medical services because_____

_____

_____

Provider Office Stamp

_____ _____

Signature and Title Date

STATEWIDE DISPATCH SERVICE

REGIONAL TRANSPORTATION DISPATCH OFFICES Toll Free Numbers				
Region	**Parishes**		**Phone**	**Fax**
1-New Orleans	Orleans East Jefferson Plaquemines St. Bernard	St. Charles St. James St. John West Jefferson	Provider Line: (866) 272-5501	(800) 864-5226
2-Baton Rouge	Ascension Assumption East Baton Rouge East Feliciana Iberville Lafourche Livingston Pointe Coupee	St. Helena St. Tammany Tangipahoa Terrebonne West Baton Rouge Washington W. Feliciana	Provider Line: (866) 272-5501	(800) 864-5226
3-Lafayette	Acadia Evangeline Iberia Lafayette	St. Martin St. Mary Vermilion St. Landry	Provider Line: (866) 272-5501	(800) 864-5226
4-Lake Charles	Allen Beauregard Calcasieu	Cameron Jefferson Davis	Provider Line: (866) 272-5501	(800) 864-5226
5-Alexandria	Avoyelles Catahoula Concordia Grant	LaSalle Rapides Vernon Winn	Provider Line: (866) 272-5501	(800) 864-5226
6-Shreveport	Bienville Bossier Caddo Claiborne DeSoto	Natchitoches Red River Sabine Webster	Provider Line: (866) 272-5501	(800) 864-5226
7-Monroe	Caldwell East Carroll Franklin Jackson Lincoln Madison	Ouachita Richland Tensas Union West Carroll Morehouse	Provider Line: (866) 272-5501	(800) 864-5226

CLAIMS FILING

Non-Emergency Medical Transportation claims are filed on the Unisys Form 106. Completed claims should be mailed to:

Unisys
P. O. Box 91022
Baton Rouge, LA 70821

- Normal, clean claims that go to the claims post office boxes should take no more than 30 calendar days from the date Unisys receives the claims to complete processing.

  Of course, claims that must pend will take longer to be paid. Nonetheless, these will appear in the provider's "claims in processing" RA section within the 30-day timeframe.

  - Voids are filed on the Unisys Form 206. **Non–Emergency, Non-Ambulance medical transportation claims <u>cannot</u> be adjusted, only voided.** If a claim was paid incorrectly, the payment must first be voided and then a correct 106 Form should be submitted to Unisys for payment consideration.

  Completed 206 forms should be mailed to the above address.

The following pages give the billing instructions for completing the 106 Form and the 206 Form. Also included are blank form copies and examples of a correctly completed Unisys 106 Form and 206 Form.

INSTRUCTIONS ON COMPLETING UNISYS FORM 106

1. Enter recipient's last name.

2. Enter recipient's first name.

3. Enter recipient's middle initial.

4. Enter the 13-digit Medicaid Identification number of the recipient. This information can be accessed by utilizing REVS, MEVS or e-MEVS.

5. Enter the recipient's address.

6. Enter the recipient's date of birth.

7. Enter the recipient's sex.

8. Enter the time, month, day, and year of the recipient's medical appointment.

9. Enter the origin of service.

10. Enter the destination of service.

11. Enter the 10-digit alphanumeric prior authorization number assigned by the dispatch office.

12. Check the appropriate block to indicate whether the scheduled service was one-way or two-way transport.

13. Leave blank.

14. This item serves as a reminder that all non-emergency medical transportation must be prior authorized by the dispatch office.

15. Leave blank.

16. Enter the name and address of the transportation provider providing the service.

17. Enter the provider's 7-digit Medicaid number.

18. Enter the name of the medical provider.

19. If applicable, enter the recipient's medical record number assigned by the medical service provider.

20. Leave blank.

21A. Enter the date the transportation service was rendered.

21B. Enter the correct origin code from those listed on the form to show where the trip began.

21C. Enter the correct destination code from those listed on the form to show where the trip ended.

21D. Enter the five-digit procedure code prior authorized by the dispatch office. Only one trip may be billed per claim form.

21E. Leave blank.

21F. Enter the monetary charge for the procedure code.

21G. Leave blank.

22. The provider or the provider's representative must sign and date the claim form. Stamped or computer-generated signatures will be accepted only if they are initialed by the provider or the provider's representative.

Note: The "remarks" section should be used to explain any unusual occurrences (i.e., the recipient or the medical provider refused to sign the MT-3 form).

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 SERVICES FINANCING
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
NON-AMBULANCE TRANSPORTATION SERVICES

FOR OFFICE USE ONLY

1 LAST NAME	2 FIRST NAME	3 MI	4 MEDICAL ASSISTANCE I.D. NUMBER
Faith	Maebell		1 2 3 4 5 6 7 8 9 0 1 2 3

5 PATIENT'S ADDRESS	6 DATE OF BIRTH	7 SEX	8 MEDICAL APPOINTMENT TIME
345 Now Drive	06 26 58	☐ M ☒ F	HOUR MO. DAY YEAR

9 ORIGIN OF SERVICE	10 DESTINATION OF SERVICE
Maebell Faith (NAME)	Dr. Do. Right (NAME)
345 Now Drive (STREET)	777 Do Right (STREET)
Happy, LA 70020 (CITY)	City of Gold, LA 72130 (CITY)

11	12 TRANSPORTATION AUTHORIZED IS	13 EPSDT REFERRAL
LL12345678	☐ ONE WAY ☒ TWO WAY	☐ YES ☐ NO

14 PRIOR AUTHORIZATION

I HEREBY CERTIFY THAT TRANSPORTATION FOR THIS RECIPIENT WAS MADE FOR A TITLE XIX COVERED SERVICE AND THAT ALL OTHER REASONABLE MODES OF TRANSPORTATION HAVE BEEN EXPLORED AND FOUND UNAVAILABLE.

15 SIGNATURE OF DHHR WORKER	TITLE	PARISH	DATE

TO BE COMPLETED BY TRANSPORTATION PROVIDER

16 PROVIDER NAME AND ADDRESS	17 PROVIDER NUMBER	18 TREATING PRACTITIONER'S NAME AND NUMBER
XYZ Medical Inc. 602 Yes Lane City of Gold, LA 72310	1234567	Dr. Do Right
	19 MEDICAL RECORD NUMBER	**20 PAYMENT SOURCE OTHER THAN TITLE XIX** ☐ YES ☐ NO TPL CARRIER CODES 1. 2. 3.

ORIGIN AND DESTINATION CODES

(1) INPATIENT HOSPITAL
(2) INTERMEDIATE CARE FACILITY
(3) OFFICE
(4) EMERGENCY ROOM
(5) CLINIC
(6) OUTPATIENT HOSPITAL
(7) HOME
(8) OTHER

21	A. DATE OF SERVICE	B. ORIGIN CODE	C. DESTINATION CODE	D. PROCEDURE CODES	E. ADDITIONAL MILEAGE	F. TOTAL CHARGE	G. THIRD PARTY PAYMENT
0	8 28 04	7	3	Z5177		18. 00	
1							
2							
3							
	REMARKS:			TOTALS		$ 18. 00	$

THE PROVIDER AGREES TO BILL TITLE XIX NO MORE THAN HIS USUAL AND CUSTOMARY CHARGE TO THE PUBLIC.
I HAVE READ THE CERTIFICATION ON THE REVERSE OF THIS FORM AND DO HEREBY CERTIFY THAT I AM IN COMPLIANCE THEREWITH.

22 SIGNATURE OF PROVIDER	DATE SIGNED
J.RIDDLE	8/31/04

UNISYS 106
7/91

FISCAL AGENT COPY

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 SERVICES FINANCING
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
NON-AMBULANCE TRANSPORTATION SERVICES

FOR OFFICE USE ONLY

1 LAST NAME	2 FIRST NAME	3 MI	4 MEDICAL ASSISTANCE I.D. NUMBER

5 PATIENT'S ADDRESS	6 DATE OF BIRTH	7 SEX	8 MEDICAL APPOINTMENT TIME
		☐ M ☐ F	HOUR MO. DAY YEAR

9 ORIGIN OF SERVICE	10 DESTINATION OF SERVICE
NAME	NAME
STREET	STREET
CITY	CITY

11	12 TRANSPORTATION AUTHORIZED IS	13 EPSDT REFERRAL
	☐ ONE WAY ☐ TWO WAY	☐ YES ☐ NO

14 PRIOR AUTHORIZATION

I HEREBY CERTIFY THAT TRANSPORTATION FOR THIS RECIPIENT WAS MADE FOR A TITLE XIX COVERED SERVICE AND THAT ALL OTHER REASONABLE MODES OF TRANSPORTATION HAVE BEEN EXPLORED AND FOUND UNAVAILABLE.

15 SIGNATURE OF DHHR WORKER	TITLE	PARISH	DATE

TO BE COMPLETED BY TRANSPORTATION PROVIDER

16 PROVIDER NAME AND ADDRESS	17 PROVIDER NUMBER	18 TREATING PRACTITIONER'S NAME AND NUMBER
	19 MEDICAL RECORD NUMBER	20 PAYMENT SOURCE OTHER THAN TITLE XIX ☐ YES ☐ NO TPL CARRIER CODES 1. 2. 3.

ORIGIN AND DESTINATION CODES

(1) INPATIENT HOSPITAL
(2) INTERMEDIATE CARE FACILITY
(3) OFFICE
(4) EMERGENCY ROOM
(5) CLINIC
(6) OUTPATIENT HOSPITAL
(7) HOME
(8) OTHER

21	A. DATE OF SERVICE	B. ORIGIN CODE	C. DESTINATION CODE	D. PROCEDURE CODES	E. ADDITIONAL MILEAGE	F. TOTAL CHARGE	G. THIRD PARTY PAYMENT
0							
1							
2							
3							
REMARKS:				TOTALS		$	$

THE PROVIDER AGREES TO BILL TITLE XIX NO MORE THAN HIS USUAL AND CUSTOMARY CHARGE TO THE PUBLIC.
I HAVE READ THE CERTIFICATION ON THE REVERSE OF THIS FORM AND DO HEREBY CERTIFY THAT I AM IN COMPLIANCE THEREWITH.

22 SIGNATURE OF PROVIDER	DATE SIGNED

UNISYS 106
7/91

FISCAL AGENT COPY

INSTRUCTIONS ON COMPLETING UNISYS FORM 206

Non-Emergency, Non-Ambulance medical transportation claims may only be voided.. **Only a paid claim can be voided.** Providers submit their voids on the 206 form, which can be obtained by contacting Unisys Provider Relations. This form must be completed EXACTLY as it was filed initially**.**

1. Check "Void" box.
2. Enter recipient's last name.
3. Enter recipient's first name.
4. Enter recipient's middle initial.
5. Enter the 13-digit Medicaid Identification number of the recipient.
6. Enter the recipient's address.
7. Enter the recipient's date of birth.
8. Enter the recipient's sex.
9. Enter the time, month, day, and year of the recipient's medical appointment.
10. Enter the origin of service.
11. Enter the destination of service.
12. Enter transport authorization type.
13. Enter EPSDT referral.
14. Enter the name and address of the transportation provider providing the service.
15. Enter the provider's 7-digit Medicaid number.
16. Enter the name of the medical provider.
17. Enter the recipient's medical record number as assigned by the provider.
18. Leave blank.
19 Enter the information exactly as it appeared on the original claim form.
20. Remarks.
21. Enter the control number exactly as it appeared on the RA.
22. Enter the date of the Remittance Advice the claim paid.
23. Leave blank.
24. Check the appropriate box and write a brief narrative explaining the reason.
25. The provider or the provider's representative must sign and date the claim form.
26. Enter the date signed.

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 HUMAN RESOURCES
OFFICE OF FAMILY SECURITY
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
NON-AMBULANCE TRANSPORTATION SERVICES

FOR OFFICE USE ONLY

1 ADJ [ ] VOID [X]

2 LAST NAME: Faith
3 FIRST NAME: Maebell
4 MI:
5 MEDICAL ASSISTANCE I.D. NUMBER: 1 2 3 4 5 6 7 8 9 0 1 2 3

6 PATIENT'S ADDRESS (STREET NUMBER, CITY, STATE, ZIP CODE): 345 Now Drive
7 DATE OF BIRTH: 06 26 58
8 SEX: [ ] M [X] F
9 MEDICAL APPOINTMENT TIME: HOUR 10:00 MO. 8 DAY 28 YR. 02

10 ORIGIN OF SERVICE:
Maebell Faith
345 Now Drive
Happy, LA X

11 DESTINATION OF SERVICE:
Dr. Do Right
777 Do Right Lane
City of Gold, LA 72130

12 TRANSPORTATION AUTHORIZED IS: [ ] ONE WAY [ ] TWO WAY
13 EPSDT REFERRAL: [ ] YES [ ] NO

TO BE COMPLETED BY TRANSPORTATION PROVIDER

14 PROVIDER NAME AND ADDRESS:
XYZ Medical Inc. (NAME)
602 Yes Lane (STREET)
City of Gold, LA 72310 (CITY STATE ZIP)

15 PROVIDER NUMBER: 1234567
16 TREATING PRACTITIONER'S NAME AND NUMBER: Dr. Do Right
17 MEDICAL RECORD NUMBER:
18 PAYMENT SOURCE OTHER THAN TITLE XIX: [ ] YES [ ] NO
A. CARRIER
B. POLICY NUMBER

ORIGIN OF DESTINATION
(01) INPATIENT HOSPITAL (02) INTERMEDIATE CARE FACILITY (03) OFFICE (04) EMERGENCY ROOM (05) CLINIC (06) OUTPATIENT HOSPITAL (07) HOME (08) OTHER

19

A. DATE OF SERVICE	B. ORIGIN CODE	C. DESTINATION CODE	D. PROCEDURE CODES	E. ADDITIONAL MILEAGE	F. TOTAL CHARGE	G. THIRD PARTY PAYMENT
8/28/04	7	3	Z5177		18.00	
			TOTALS		$ 18.00	$

20 REMARKS:

21 CONTROL NUMBER: 2234561234450
THIS IS FOR CHANGING OR VOIDING A PAID ITEM. (THE CORRECT CONTROL NUMBER AS SHOWN ON THE REMITTANCE ADVICE IS ALWAYS REQUIRED.)
22 DATE OF REMITTANCE ADVICE THAT LISTED CLAIM WAS PAID.: 9/19/04

23 REASONS FOR ADJUSTMENT
[ ] 01 THIRD PARTY LIABILITY RECOVERY
[ ] 02 PROVIDER CORRECTIONS
[ ] 03 FISCAL AGENT ERROR
[ ] 90 STATE OFFICE USE ONLY - RECOVERY
[ ] 99 OTHER - PLEASE EXPLAIN

ADJUSTMENT

24 REASONS FOR VOID
[X] 10 CLAIM PAID FOR WRONG RECEIPIENT
[ ] 11 CLAIM PAID TO WRONG PROVIDER
[ ] 99 OTHER - PLEASE EXPLAIN

Claim filed for wrong DOS; will void payment and then rebill corrected 106 form.

THE PROVIDER AGREES TO BILL TITLE XIX NO MORE THAN HIS USUAL AND CUSTOMARY CHARGE TO THE PUBLIC.
I HAVE READ THE CERTIFICATION ON THE REVERSE OF THIS FORM AND DO HEREBY CERTIFY THAT I AM IN COMPLIANCE THEREWITH.

25 SIGNATURE OF PROVIDER: *Ima Biller*
26 DATE SIGNED: 9/20/04

S.D.C.-206
1/93
FISCAL AGENT COPY

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 HUMAN RESOURCES
OFFICE OF FAMILY SECURITY
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
NON-AMBULANCE TRANSPORTATION SERVICES

FOR OFFICE USE ONLY

1 ADJ ☐ VOID ☐

2 LAST NAME | 3 FIRST NAME | 4 MI | 5 MEDICAL ASSISTANCE I.D. NUMBER

6 PATIENT'S ADDRESS (STREET NUMBER, CITY, STATE, ZIP CODE) | 7 DATE OF BIRTH | 8 SEX ☐ M ☐ F | 9 MEDICAL APPOINTMENT TIME HOUR MO. DAY YR.

10 ORIGIN OF SERVICE | 11 DESTINATION OF SERVICE

12 TRANSPORTATION AUTHORIZED IS ☐ ONE WAY ☐ TWO WAY | 13 EPSDT REFERRAL ☐ YES ☐ NO

TO BE COMPLETED BY TRANSPORTATION PROVIDER

14 PROVIDER NAME AND ADDRESS
NAME
STREET
CITY STATE ZIP

15 PROVIDER NUMBER

16 TREATING PRACTITIONER'S NAME AND NUMBER

17 MEDICAL RECORD NUMBER

18 PAYMENT SOURCE OTHER THAN TITLE XIX ☐ YES ☐ NO
A. CARRIER
B. POLICY NUMBER

ORIGIN OF DESTINATION
(01) INPATIENT HOSPITAL (02) INTERMEDIATE CARE FACILITY (03) OFFICE (04) EMERGENCY ROOM (05) CLINIC (06) OUTPATIENT HOSPITAL (07) HOME (08) OTHER

19 A. DATE OF SERVICE	B. ORIGIN CODE	C. DESTINATION CODE	D. PROCEDURE CODES	E. ADDITIONAL MILEAGE	F. TOTAL CHARGE	G. THIRD PARTY PAYMENT
			TOTALS		$	$

20 REMARKS:

21 CONTROL NUMBER

THIS IS FOR CHANGING OR VOIDING A PAID ITEM. (THE CORRECT CONTROL NUMBER AS SHOWN ON THE REMITTANCE ADVICE IS ALWAYS REQUIRED.)

22 DATE OF REMITTANCE ADVICE THAT LISTED CLAIM WAS PAID.

23 REASONS FOR ADJUSTMENT

- ☐ 01 THIRD PARTY LIABILITY RECOVERY
- ☐ 02 PROVIDER CORRECTIONS
- ☐ 03 FISCAL AGENT ERROR
- ☐ 90 STATE OFFICE USE ONLY - RECOVERY
- ☐ 99 OTHER - PLEASE EXPLAIN

ADJUSTMENT

24 REASONS FOR VOID

- ☐ 10 CLAIM PAID FOR WRONG RECEIPIENT
- ☐ 11 CLAIM PAID TO WRONG PROVIDER
- ☐ 99 OTHER - PLEASE EXPLAIN

THE PROVIDER AGREES TO BILL TITLE XIX NO MORE THAN HIS USUAL AND CUSTOMARY CHARGE TO THE PUBLIC.

I HAVE READ THE CERTIFICATION ON THE REVERSE OF THIS FORM AND DO HEREBY CERTIFY THAT I AM IN COMPLIANCE THEREWITH.

25 SIGNATURE OF PROVIDER | 26 DATE SIGNED

S.D.C.-206
1/93

FISCAL AGENT COPY

FREQUENTLY ASKED QUESTIONS

Q: If a recipient name is 3 characters and has a title, such as Jr. or Sr., we are receiving 217 denials (name/number mismatch). How do I get these paid?

A: Enter the name on the claim exactly as it appears on the recipient's Medicaid ID card and send the claim with a cover letter of explanation to the Provider Relations Correspondence Unit (P.O. Box 91024, Baton Rouge, LA 70821). Be sure to indicate in the cover letter why the claim denied. Unisys will special handle the claim so payment can be considered.

Q: Can we bill for services when the recipient doesn't sign the MT-3 form?

A: You may bill for services rendered if the recipient doesn't sign the MT-3 form. You must indicate the reason why the recipient did not sign the MT-3 form in the remarks section of the claim form.

Q: Can one parent be designated to ride as attendant for several children if other parents sign a permission slip?

A: No. Even if permission were granted, the attendant would be totally liable for each child. The Attendant/Children Policy is explained on page 3 of this document and is for the protection of the recipients and providers.

CLAIM DENIALS AND RESOLUTION

This section is designed to assist the provider in resolving claim denials. The most frequently encountered error codes are listed, with an explanation of each denial and how to correct it.

Hardcopy Claim Denial Resolution

The following explanations assume that, if the claim was filed hardcopy, no data entry errors occurred when the claim was entered into the computer system by Unisys. If the information on the remittance advice does not match the data on the claim (recipient ID number, date of service, procedure code, recipient name, charges, etc.), then a data entry error occurred. Providers may call Unisys Provider Relations department to report the problem and request that the claim be reprocessed.

For Further Information

The topics of recipient eligibility verification (using REVS, MEVS and e-MEVS), spend-down medically needy eligibility, timely filing guidelines, SURS, and others are discussed in detail in the 2004 Basic Medicaid Provider Training packet. Providers may obtain a copy of this document by attending a 2004 Basic Medicaid Provider Training workshop, by requesting the packet from Provider Relations or by downloading from the www.lamedicaid.com website.

General Claim Form Completion Error Codes

ERROR CODE 003 – RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS	
Cause:	The recipient ID number on the claim form was less than 13 digits in length or included letters or other non-numeric characters.
Resolution:	Verify the correct 13-digit recipient ID number using REVS, MEVS, or e-MEVS and enter this number where required on the claim form.

ERROR CODE 009 - SERVICE THRU DATE GREATER THAN DATE OF ENTRY	
Cause:	Unisys received the claim prior to one or more dates of service billed.
Resolution:	Correct the date span on the claim and rebill **OR** wait until all dates of service on the claim have passed and rebill.

ERROR CODE 028 - INVALID OR MISSING PROCEDURE CODE	
Cause:	**1.** No procedure code was entered in block 21D of the Unisys 106 claim form, **OR**
	2. The procedure code entered in block 21D of the Unisys 106 claim form is invalid (usually because it has fewer than five characters).
Resolution:	Enter the correct procedure code in block 21D of the claim form and resubmit.

Recipient Eligibility Error Codes

ERROR CODE 215 - RECIPIENT NOT ON FILE	
Cause:	The recipient ID number on the claim form is not in the Unisys eligibility files.
Resolution:	Verify the correct 13-digit recipient ID number using REVS, MEVS, or e-MEVS and enter this number where required on the claim form. If there is a printout that verified eligibility and was printed on the date of service in question, send a copy of the claim and the printout to the Correspondence Unit with a cover letter stating the problem.

ERROR CODE 216 - RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	
Cause:	The recipient ID number on the claim is in the Unisys eligibility files, but the recipient's eligibility does not cover the date of service filed on the claim.
Resolution:	Verify the recipient's eligibility using REVS, MEVS, or e-MEVS for all dates of service on the claim. If there is a printout that verified eligibility and was printed on the date of service in question, send a copy of the claim and the printout to the Correspondence Unit with a cover letter explaining the problem.

ERROR CODE 217 - NAME AND OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD	
Causes:	**1.** The name on the claim form does not match the recipient ID number as recorded in the Unisys eligibility files. This is sometimes caused when a recipient marries and changes her surname, or if several family members have similar ID numbers, **OR**
	2. The first and last names have been entered in reverse order on the claim form.
Resolution:	Verify the correct spelling of the name via REVS, MEVS, or e-MEVS using the 13-digit recipient ID number. Ensure that the first and last names are entered in the correct order on the claim. Make corrections if necessary and resubmit.

Timely Filing Error Codes

ERROR CODE 272 - CLAIM EXCEEDS 1 YEAR FILING LIMIT	
Cause:	The date of service on the claim form is more than 1 year prior to the date the claim was received by Unisys.
Resolution:	Resubmit the claim with proof of timely filing attached. Proof of timely filing may be a copy of a RA page that shows the claim was processed within one year from the date of service
Note: When refiling claims over one year old, it is not enough for the provider to know or to believe that he has filed the claim to Unisys within one year from the date of service – proof of timely filing must be attached to the claim, or the claim will deny. A history can be ordered to assist in determining if payment has been made or if a claim has been filed timely. This may be done by calling the Provider Relations Telephone Inquiry Unit). The Field Analyst for your territory may also assist in placing the order.	

ERROR CODE 030 - SERVICE "THRU" DATE MORE THAN TWO YEARS OLD	
Cause:	The date of service on the claim form is more than two years prior to the date the claim was received by Unisys.
Resolution:	Timely filing guidelines dictate that, in general, claims with dates of service over two years old are not payable. Unisys staff does not have the authority to override such claims.

Duplicate Claim Error Code

ERROR CODE 833 - EXACT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	
Cause:	The claim is a duplicate of one that has already been paid by Unisys.
Resolution:	On the Remittance Advice, the denial refers the provider to the conflicting control number and adjudication date of the previously paid claim. Refer to the Remittance Advice date indicated to find the claim that has already been paid.

Prior Authorization Error Codes

If there is **any** reason a prior authorization record sent to Unisys by the dispatch office does not download to the Unisys computer, then any claim filed with that prior authorization number would be denied. If the prior authorization record is re-transmitted to Unisys and is accepted, the claim for that service becomes payable.

Providers must bill services exactly as they are authorized by the dispatch office. The Medicaid computer system compares several items which must be the same on both the claim form and the prior authorization record: PA number, Medicaid recipient ID number, provider number, procedure code, and date of service. In addition, all claims must be filed with the correct PA number as indicated by the dispatch office.

The Remittance Advice reflects the PA number entered on each processed claim on the left-hand side of the document, just below the recipient name.

It is the responsibility of the Dispatch Office to assist the provider in processing claims that are denied for any reason having to do with prior authorization.

Several error codes pertain to the process the computer uses in matching items on the claim to items on the prior authorization record. An explanation of these error codes follows.

ERROR CODE 190 - PA NUMBER NOT ON FILE	
Cause:	The PA number on the claim is not in the Unisys computer system.
Resolution:	Check the PA number on the Remittance Advice for the denied claim. If the PA number on the Remittance Advice matches the PA number received from the dispatch office, contact the dispatch office. If the PA number on the claim does not match the PA number on the fax, correct the PA number on the claim and rebill.

ERROR CODE 191 – PROCEDURE REQUIRES PRIOR AUTHORIZATION	
Cause:	The claim was submitted with no PA number in block 11.
Resolution:	Verify the correct PA number using the faxed authorization from the dispatch office. Resubmit the claim with the correct PA number in block 11. Also, check to make sure the procedure code on the claim is the same code on the PA.

ERROR CODE 193 - DATE ON CLAIM NOT COVERED BY PA	
Cause:	The date of service on the claim does not match the covered dates for the PA number on the claim.
Resolution:	The accurate date of service should be determined. If the Remittance Advice reflects the correct date of service, call the dispatch office. If not, correct the date of service and rebill. Also, verify that the correct PA number was used on the claim. It is not acceptable to use the same authorization, which a trip is not made and then made at a later date.

ERROR CODE 194 - CLAIM EXCEEDS PRIOR AUTHORIZED LIMITS	
Cause:	The service indicated by the PA number on the claim has already been paid by Unisys.
Resolution:	Compare the authorization to the data submitted on the claim. Determine if the claim was already paid. Contact Dispatch to determine if they used the same authorization number for two different services.

ERROR CODE 196 - CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE	
Cause:	The Medicaid ID number on the claim does not match the Medicaid ID number on the prior authorization record.
Resolution:	Correct the Medicaid ID number on the claim so that it matches the one on the PA.

ERROR CODE 197 – PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID	
Cause:	The provider number on the claim is not the provider on the PA file at Unisys.
Resolution:	Verify that the provider number on the claim is the same as the PA. If these do not match, contact Dispatch to ensure your correct provider number is on file.

ERROR CODE 198 - PA PROCEDURE NOT SAME AS CLAIM PROCEDURE	
Cause:	The procedure code on the claim is not the same as the procedure code on the PA file.
Resolution:	If the procedure code on the Remittance Advice matches the procedure code on the PA, call the dispatch office. If not, correct the procedure code and rebill.

ERROR CODE 199 - TRIP CANCELED NON PAYABLE	
Cause:	The PA number billed on the claim form has been canceled by the dispatch office.
Resolution:	Ensure the claim is being billed with the correct PA number, as sometimes providers bill using a canceled PA number when a new PA number has been issued. Check records for a cancellation of the prior authorization number billed on the claim form. If the provider has not received a faxed cancellation or it is unclear why the PA was canceled, contact the dispatch office.

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
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.

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
2. Physician/EPSDT Encounters
3. Outpatient Procedures
4. Specialist Services
5. Ancillary Services
6. Lab & X-Ray Services
7. Emergency Room 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)

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 <u>are not</u> 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	Ouachita Richland Union Webster West Carroll Marshall, TX Vicksburg, MS
Mona Doucet (225) 237-3249	Acadia Evangeline Iberia Lafayette	St. Landry St. Martin St. Mary Vermillion
Open	Allen Beauregard Calcasieu Cameron Vernon	Jeff Davis Lafourche Terrebonne Beaumont, TX Jasper, TX
Sharon Harless (225) 237-3267	Avoyelles Iberville West Baton Rouge Pointe Coupee	East Feliciana West Feliciana Woodville/Centerville (MS)
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
Exchange 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 eligibility questions and concerns
LaCHIP Program	(877) 252-2447	Providers or recipients may obtain information concerning 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 and recipients may obtain 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 - OPH	(866) 327-5978	Providers and recipients may obtain information on the EarlySteps Program and services offered.
LINKS - OPH	(504) 483-1900	Providers may obtain immunization information on recipients.

BHSF REGIONAL TRANSPORTATION INSPECTORS

Provided below is a list of the contact telephone and fax numbers for BHSF Regional Medical Transportation Inspectors:

REGIONAL TRANSPORTATION INSPECTORS		
REGION	**PHONE**	**FAX**
New Orleans	(504) 568-7900	(504) 568-8335
Baton Rouge	(225) 922-2234	(225) 922-2620
Thibodaux	(504) 447-0860	(504) 447-0866
Lafayette	(318) 262-5264	(318) 262-5373
Lake Charles	(318) 491-2179	(318) 491-2287
Alexandria	(318) 487-5244	(318) 487-5722
Shreveport	(318) 832-9899	(318) 676-7420
Monroe	(318) 362-3324	(318) 362-3247
Mandeville	(504) 624-4177	(504) 624-4161

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. NEMT)
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821

EDI CLAIMS SUBMISSION

Electronic data interchange 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.

Copies of required Certification forms are included in the 2004 Basic Services training packet and may also 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 Interchange (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 Media)	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 EDI 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 MEDIA 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 MEDIA 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.

EDI General Information

- Any number of claims can be included in production file submissions. There is no minimum number.

- EDI 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 <u>70821</u>:	
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 <u>70898</u>:	
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 you 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 (medium 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 81/2 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.

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: NEMT					

What topic was most beneficial to you?_____

Please provide constructive comments and suggestions:_____

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