



# NEW HAMPSHIRE MEDICAID BULLETIN

This publication is an important link between your office and the New Hampshire Medicaid (Title XIX) Program, and should be read by all medical and administrative staff within your organization. **Please be sure to download the entire contents of this bulletin** by going to the NH Department of Health and Human Services website at: <http://www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/LIBRARY/Newsletter/medicaid-bulletin.htm> or the EDS provider website at: [www.nhmedicaid.com](http://www.nhmedicaid.com). We recommend that all issues of the newsletter be maintained with your Medicaid Billing Manual to be used as a handy reference of provider requirements related to NH Medicaid (Title XIX) policy and billing matters.

<b>TITLE XIX BULLETIN</b>	<b>VOLUME XII</b>	<b>ISSUE V</b>	<b>JUNE 2006</b>
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**\*\*\* ALL PROVIDERS \*\*\***

Is there an article you would like to see in this publication? If so, please send your suggestions, on your company letterhead, to: EDS, 7 Eagle Square, Concord, NH 03301, attn: Michelle Dodge. Our staff will research your suggestion for the article, and possibly publish your requested article.

Thanks for helping us help you!

**EDS HOLIDAYS**

EDS holidays for the 2006 calendar year are:

Independence Day	Tuesday	July 4, 2006
Labor Day	Monday	September 4, 2006
Veteran's Day	Friday	November 10, 2006
Thanksgiving Day**	Thursday	November 23, 2006
Day after Thanksgiving	Friday	November 24, 2006
Christmas Day	Monday	December 25, 2006

**Please note:**

\*\* Electronic claim submissions must be received at EDS by 5:00 p.m. on the Tuesday prior to the holiday in order to guarantee they make that weekend's financial cycle.

## **MEDICAID FRAUD UNIT**

The Medicaid Fraud Unit of the New Hampshire (NH) Attorney General's Office has statewide responsibility to investigate cases involving the suspected improper billing of NH Medicaid covered services. This unit, staffed by attorneys, investigators, and analysts, also investigates concerns of waste, fraud and abuse in the state administration of the NH Medicaid Program.

For more information, or to report concerns in any of the above-noted areas, please contact the Medicaid Fraud Unit by phone at (603) 271-1246, by e-mail at [mfcuinfo@doj.state.nh.us](mailto:mfcuinfo@doj.state.nh.us), or by writing to: Medicaid Fraud Unit, 33 Capitol Street, Concord, NH 03301. Communications are treated as confidential.

## **TIMELY FILING OF CLAIMS**

All claims must be submitted to EDS within one year of the date of service. Claims that are beyond the one-year filing limit, that have previously been submitted and denied, must be resubmitted on paper, along with Form 957x, "Override Request" and a copy of the remittance advice showing the denial within one year from the date of service. A copy of Form 957x may be found at the end of this bulletin, or may be downloaded from the provider web site, at: [www.nhmedicaid.com](http://www.nhmedicaid.com). This resubmission must be received within 15 months of the date of service. Please refer to the June 2002 Edition of the NH Medicaid Bulletin for detailed information and process requirements.

## **OPTICAL CHARACTER RECOGNITION (OCR) PAPER CLAIMS SCANNING PROCESS**

We are reminding all providers that the current paper billing guidelines went into effect on July 1, 2003. In March 2003, providers received an important notice regarding these changes; workshops were held in April and May of 2003, and June and October of 2004, as well. If you did not receive this information please go to our provider web site [www.nhmedicaid.com](http://www.nhmedicaid.com) to obtain a copy of the information that was provided. If you have questions regarding the paper billing guidelines, please contact the Communications Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747.

To avoid a delay in your payment because of claims returned as unable to be processed, please remember the following:

- Include the other insurance **4 digit** carrier code (**do not include carrier name**) in the appropriate area on the claim (if applicable)
  - CMS 1500 - box 9d
  - UB-92 - box 50
  - ADA 1999, version 2000 - box 36
- Please indicate the other insurance payment on the claim form (if applicable)
  - CMS 1500 - box 29
  - UB-92 - box 54
  - ADA 1999, Version 2000: total fee - payment by other plan = carrier pays (box 60)
- Other insurance denial reason(s) should be indicated on claim; please enter information in correct box (if applicable)
  - CMS 1500 - box 19
  - UB-92 - box 84
  - ADA 1999, version 2000 - box 60

**Remember**, effective July 1, 2003, paper crossovers were required to be attached to a claim form. The claim form must:

- Match the claim type of the EOMB; and
- Outpatient claims can not have a date span.
  - If crossovers span more than a day on outpatient, please enter the “from” and “to” date as the same in form locator 6; and
  - If the services span across more than one claim form, roll services up to one claim, carefully adding the units and dollars.

### **What Will Cause My Claim to be Returned as Unprocessed Under the OCR Rules?**

As of July 1, 2003, **paper claims** began to be imaged and then went through the OCR process as the first steps in claim processing and payment. You can **prevent delays** to your anticipated payment date by following these tips:

- **DO NOT submit laser printed red** claim forms;
- **DO NOT use highlighters** on any claim form(s) or adjustment(s). Highlighted areas show up as black lines, just as they do when highlighted forms are photocopied or faxed;
- **DO submit only Red UB92 or CMS claim forms.** Faxed claims or claim copies will not be accepted;
- **DO** use typewritten (BLOCK lettering) print when filling out claim forms; handwritten or script claims can cause delays and errors in processing;
- **DO** ensure that your printers are properly aligned, and that your print is dark and legible, if you are using a printer to create claim forms;
- **DO** use only **black ink** on **ALL** claims or adjustments that you submit to EDS. The **EDS imaging/OCR system reads only black ink**;
- **DO** make all appropriate corrections prior to re-submitting the claim(s) or adjustment(s); and
- **DO** call the Communications Unit at 1-800-423-8303 (NH and VT only) or (603) 224-1747 if you have questions.

### **EDS WEB SITE**

Have you visited our provider web site, [www.nhmedicaid.com](http://www.nhmedicaid.com)? This is a great tool for obtaining the latest provider billing information, researching covered procedure codes for your provider type, or for just sending us an e-mail with your question. You should receive a response to your e-mail within 1-2 business days.

### **SAVE THE DATE**

This year’s **Healthcare Financial Management Association (HFMA) Claims Conference** will be held at a new location and venue, featuring a new format as a result of YOUR FEEDBACK. Please save the date. Registration details will be provided in an upcoming bulletin.

**2006 HFMA Claims Conference**

**New Location/Venue/Format!**

**When: Wednesday, October 18, 2006 at 9:30 a.m.**

**Where: Grappone Center, Concord, NH**

### THIRD PARTY LIABILITY CARRIER CODE ADDITIONS/CHANGES

The following third party liability carrier codes have been added since the March 2006 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0761	YOUNG LIFE BENEFITS PLAN, PO Box 520, Colorado Springs, CO 80901
0762	CIGNA DENTAL, PO Box 188037, Chattanooga, TN 37422
0763	CAPITOL REGION DISTRICT PHYS HEALTH PLAN, 1223 Washington Ave., Albany, NY 12206-1507
0764	GE PENSIONER HEALTH BENEFITS, PO Box 6125, Utica, NY 13504
0765	IAC, PO Box 282, Parkridge, IL 60068-0828
0766	HEALTH PARTNERS CLAIMS REMITTANCE ADVICE, PO Box 1289, Minneapolis, MN 55440-1289

The following third party liability carrier codes have had changes since the March 2006 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0342	NOVA HEALTHCARE ADMIN, PO Box 9010, Buffalo, NY 14231-9010
0393	ASSURANT HEALTH, PO Box 981652, El Paso, TX 79998
0449	BENEFIT PLAN ADMINISTRATORS INC., PO Box 11746, Roanoke, VA 24011-1746

### REIMBURSEMENT FOR INTERPRETER SERVICES

The department and EDS continue to be involved in various aspects of a statewide effort to ensure the availability of, and access to, language and deaf and hard of hearing interpreter services necessary for individuals to meaningfully access medical services.

Interpreters are typically considered to be part of a medical provider's overhead or administrative costs. In order to assist with access to interpreter services, NH Title XIX recognizes that rates paid for medical services may not include enough for all of the expenditures a provider incurs in arranging for interpreter services. In order to allow more for interpreter services, yet still comply with federal regulations, NH Title XIX has been reimbursing Title XIX enrolled interpreters for their services. NH Title XIX can also reimburse medical providers for interpreter services as long as the interpreter is considered to be the provider of the interpreter service and is Title XIX enrolled.

There are specific requirements that must be met in order for this to happen. If you would like to receive reimbursement through Title XIX for interpreter services, please refer to the appendix in the back of this bulletin, titled, "Payment to Medicaid Providers for Interpreter Services Provided to Allow Medicaid Recipients to Receive the Provider's Medicaid Covered Service".

The outlined procedures allow for a medical provider to employ, or to bill on behalf of, a sign or language interpreter. Please note that providers who receive cost-based reimbursement may not bill for interpreter services.

If you have any questions, please contact the EDS Communications Unit at 1-800-423-8303 (NH and VT only) or (603) 224-1747

## \*\*\*DENTISTS\*\*\*

### BILLING REMINDERS AND CHANGES

- Extractions of symptomatic teeth are covered by NH Title XIX. Examples of symptomatic teeth include those that are causing pain or trauma to other tissues, or that are infected. Extraction of asymptomatic teeth requires prior authorization in order to be covered. Examples of asymptomatic teeth include those that are impacted but not causing pain and without a documented history of prior infection.
- D0140, according to CDT2005, is “limited oral evaluation, problem focused- an evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with specific problems and/or dental emergencies, trauma, acute infections, etc.” This code is not to be used to address situations that arise during multi-visit treatments covered by a single fee, such as endodontic therapy or orthodontic treatment. It should not be used to bill for post-operative visits in surgical cases.
- Dentists may not unbundle, or separate into smaller components of treatment, any part of a treatment that is by practice commonly included in another procedure code. For example, a dentist may not file a claim for a pulpotomy and also for a root canal treatment performed on the same date of service.
- D9110 is described in CDT2005 as, “palliative (emergency) treatment of dental pain- minor procedure. This is typically reported on a per visit basis for emergency treatment of dental pain.” This code should not be used to file claims for orthodontic adjustments or to address situations that arise during multi-visit treatments covered by a single fee, such as endodontic treatment or orthodontic treatment. Palliative treatment is actual treatment to relieve pain, and does not include orthodontic adjustments or making a telephone call to a pharmacy for a prescription for a patient.
- Effective August 1, 2006, the Oral Hygiene Instruction code, D1330, will no longer be a covered service under the NH Title XIX program.

**\*\*\*HOME HEALTH, PERSONAL CARE, ADULT MEDICAL DAY CARE\*\*\***

**RATE CHANGES**

Effective July 1, 2006, rates for several services will increase. The rates for home care services will increase by 4.6% as was contained in the Budget footnote to Chapter 177:117, Laws of 2005, and Chapter 176 for the biennium beginning July 1, 2005. Rates for several services provided through the HCBC-ECI Program have also been increased.

The rates for the services affected by the rate change are listed below:

<b>National code</b>	<b>National Code Description</b>	<b>Modifiers</b>	<b>Current Rate</b>	<b>New Rate</b>
G0154	Nursing – HHCP- Svs of RN, Ea 15 min.		\$19.82	\$20.73
G0154	Nursing – HHCP- Svs of RN, Ea 15 min.	U5 (Level of Care 5)	\$19.82	\$20.73
G0154	Nursing – HHCP- Svs of RN, Ea 15 min.	U9 (Level of Care 9)	\$19.82	\$20.73
G0154	Nursing - Svs of RN, Ea 15 min.	HC	\$19.82	\$20.73
G0156	Home Health Aide, Ea 15 min.		\$5.49	\$5.74
G0156	Home Health Aide, Ea 15 min.	HC, U1	\$5.49	\$5.74
G0156	In Home Day Care, Ea 15 min.HCBC-ECI	HC, U2	\$3.29	\$3.45
S9123	Nursing Care In-Home RN		\$39.75	\$41.58
T1019	Personal Care Attendant Services, Ea 15 min.		\$4.18	\$4.38
T1019	Personal Care Srvs (Agency Dir) Ea 15 min-HCBC-ECI	HC, U1	\$4.18	\$4.38
T1019	Personal Care Srvcs (Consumer Dir) Ea 15 min-HCBC-ECI	HC, U2	\$4.18	\$4.38
97110	Physical Therapy- Exercise, Ea 15 min.		\$24.32	\$25.44
97140	Physical Therapy, Therapy Techniques- Mobilization Manual Lymphatic, Ea 15 min.		\$24.32	\$25.44
97530	Occupational Therapy-Therapeutic Activities, Direct Patient Contact, Ea 15 min.		\$22.44	\$23.47
92507	Speech, Language, Hearing Therapy- Individual, Ea 15 min.		\$17.57	\$18.38
S5102	Adult Day Care Services		\$47.07	\$49.24
S5102	Adult Day Care Services	HC, U2	\$47.07	\$49.24
T2003	Non-Emergency Transportation to AMDC		\$10.46	\$10.94
S5130	Homemaker Services, Ea 15 min- HCBC-ECI	HC	\$4.18	\$4.38
S5170	Home Delivered Meals (Per Meal)- HCBC-ECI		\$6.54	\$6.84
S9124	Nursing Care in the home by LPN (Note the rate change from \$35 to \$36.61, eff. 1/1/06 was not reflected in the 3/06 quarterly.)		\$36.61	\$38.29
T1005	Respite Care, Ea 15 min.- HCBC-ECI	HC	\$1.57	\$1.64
*T2033	HCBC-ECI Residential Care (Maximum allowed per month)	HC, U1	\$1800*	\$2100*

\*The daily rate calculation process remains the same.

### **\*\*\*HOSPITALS\*\*\***

#### **ADDITIONAL REVENUE CODES FOR ANCILLARY SWING BED SERVICES**

Revenue codes 391 (blood processing and blood administration) and 460 (pulmonary function), have been added to the list of the allowed revenue codes for swing bed ancillary services, for claims submitted using a TOB 28X or 68X.

### **\*\*\*PHYSICIAN, ARNP AND DIAGNOSTIC IMAGING PERFORMING FACILITIES\*\*\***

#### **PRIOR AUTHORIZATION OF DIAGNOSTIC IMAGING SERVICES**

The New Hampshire Department of Health and Human Services (department) is partnering with MedSolutions, Inc., to launch a prior authorization program for certain non-emergent, diagnostic imaging services. This program will provide needed quality assurance that the most appropriate imaging modality will be utilized to accurately and effectively meet the clinical needs of NH Title XIX recipients.

Effective August 1, 2006, the ordering practitioner will be required to obtain prior authorization directly from MedSolutions, Inc., for non-emergent computerized tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positive emission tomography (PET), and nuclear cardiology services. Prior authorization will not be required for diagnostic imaging services performed as part of a hospital emergency department visit, as part of an inpatient hospitalization, or if concurrent with, or on the same day as, an urgent care facility visit. The professional component of interpretation of the procedure also will not require prior authorization.

You will be able to submit prior authorization requests through several routes including a toll free telephone, toll free fax, or via the MedSolutions, Inc., website at: <http://www.medsolutionsinc.com/home.htm>. Prior authorization forms may be printed from the website. Prior authorizations will be completed within one business day of receipt of complete information. Please visit the MedSolutions, Inc., website for more information.

If you have any questions about this new program, please contact Jane Hybsch, RN, Administrator, Prior Authorization Unit, at 1-800-852-3345, extension 0275 (NH only), or (603) 271-0275.

**\*\*\*WHEELCHAIR VAN PROVIDERS\*\*\***

**WHEELCHAIR VAN SERVICES RATE CHANGE**

Effective March 21, 2006, wheelchair van services received a rate change beginning with dates of service starting January 1, 2006. The rate change is included as part of the Budget footnote contained in Chapter 177:117, Laws of 2005, and Chapter 177:159-II, which includes a 4.6% rate increase incurred for non-emergency wheelchair transportation.

Claims with a billed amount equal to or greater than the new rates, with dates of service beginning January 1, 2006 through March 21, 2006, when the rate change became effective, will be adjusted by the department's fiscal agent, EDS, prior to the end of state fiscal year 2006.

Please note, providers who submitted mileage claims with date(s) of service January 1, 2006 and greater, that were adjudicated between March 22, 2006 through April 26, 2006, may have received an overpayment as a result of the base miles not being excluded from reimbursement. Those claims will be adjusted as well, resulting in a net loss on the remittance advice.

The following wheelchair van services have had rate changes:

<b>Code</b>	<b>Description</b>	<b>Unit</b>	<b>Previous Rate</b>	<b>New Rate</b>
A0130	Wheelchair Van	Base	\$25.00	\$26.15
A0170	Wheelchair Van	Mile (National code notes this is for parking/tolls, but NH Title XIX uses this code for return mileage.)	\$2.25	\$2.35
S0209	Wheelchair Van Mileage	Mile	\$2.25	\$2.35
T2003	Wheelchair Van-Transport to Adult Medical Day Care Only	Per Trip	\$10.46	\$10.46 (unchanged)
T2004	Wheelchair Van-Round Trip	Base	\$25.00	\$26.15
T2007	Wheelchair Van-Wait time- 1 Unit= 30 mins. (Maximum of 2 hours).	30 min.	\$3.00	\$3.14

(continued on the next page)

Effective July 1, 2006, the following wheelchair van services will have a rate change, also included as part of the Budget footnote contained in Chapter 177:117, Laws of 2005, and Chapter 177:159-II, which includes a 4.6% rate increase incurred for non-emergency wheelchair transportation:

<b>Code</b>	<b>Description</b>	<b>Unit</b>	<b>Previous Rate</b>	<b>New Rate</b>
A0130	Wheelchair Van	Base	\$26.15	\$27.35
A0170	Wheelchair Van	Mile (National code notes this is for parking/tolls, but NH Title XIX uses this code for return mileage.)	\$2.35	\$2.46
S0209	Wheelchair Van Mileage	Mile	\$2.35	\$2.46
T2003	Wheelchair Van-Transport to Adult Medical Day Care Only	Per Trip	\$10.46	\$10.94
T2004	Wheelchair Van-Round Trip	Base	\$26.15	\$27.35
T2007	Wheelchair Van- Wait time- 1 Unit= 30 mins. (Maximum of 2 hours).	30 min.	\$3.14	\$3.28

## OVERRIDE REQUEST

Provider Name: \_\_\_\_\_  
(Please type or print)

Date: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Recipient Name:	Identification Number	Amount of Claim:
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### INSTRUCTIONS:

1. Complete this form for each claim for which an override is being requested.
2. Enter the NH Medicaid Provider name, number and date of request in the spaces at the top of this form.
3. Enter the NH Medicaid Recipient's name, identification number, and the amount of the claim in the boxes provided at the top of this form.
4. Attach ONE CLEAN claim to this completed form for each request (please check type of claim being submitted):  HCFA 1500  UB 92  Medicare Crossover  TAD  Dental

In order to be accepted the claim:

- must be legible,
- must have the exact FDOS as initial claim billed,
- must have like or corrected charges as initial claim billed.

5. If the claim was submitted previously, attach a copy of the Remittance Advice (please check all items that you have attached):

NH Medicaid RA Dated \_\_\_\_\_  Official EDS Correspondence Dated \_\_\_\_\_  8-digit batch # (if billed electronically)  
In this format: \_\_\_C\_\_\_\_\_  
Dated \_\_\_\_\_

### AN OVERRIDE REQUEST CAN NOT BE CONSIDERED FOR A PREVIOUSLY SUBMITTED CLAIM WITHOUT A COPY OF THE REMITTANCE ADVICE ATTACHED

- The RA must show the initial billing was less than 12 months from FDOS
  - The attached claim corrects the previous reason(s) for denial
  - All pertinent information must be circled on all RAs to pinpoint the facts and support the request: i.e., FDOS, RA dates, MID #s, Provider #s, Denial Codes
6. If the claim was not previously denied, but is over 12 months old, approval will be considered ONLY if (a) there was a delay in determining the NH Medicaid recipient's eligibility; (b) the claim is for a covered service provided during the retroactive eligibility period; and (c) the claim is submitted within six (6) months of the retroactive eligibility determination.

Please indicate type of NH Medicaid Recipient eligibility:

Regular NH Medicaid Eligibility  Special Eligibility  Nursing Facility

**Send Completed Override Requests Plus Attachments to:**

**EDS  
PO Box 2040  
Concord, NH 03301-2040  
Attn: One Year Override**

**PAYMENT TO MEDICAID PROVIDERS FOR INTERPRETER SERVICES PROVIDED TO  
ALLOW MEDICAID RECIPIENTS TO RECEIVE THE PROVIDER'S MEDICAID COVERED  
SERVICE**

**WHICH MEDICAID PROVIDERS CAN BILL FOR INTERPRETER SERVICES?**

Medicaid providers and/or settings which are not reimbursed by Medicaid through a cost-based reimbursement methodology (or for whom cost-based reimbursement does not include interpreter costs, e.g. outpatient hospital setting) can bill for interpreter services.

Providers and/or settings (as well as individual interpreters who provide services to patients of these providers or settings) that cannot bill include:

Inpatient hospital providers

FQHC's/RHC's

Nursing Facilities

Any other provider who receives cost based reimbursement or an all-inclusive payment rate.

**WHO BILLS AND/OR RECEIVES THE PAYMENT FOR INTERPRETER SERVICES?**

- For medical providers who employ sign or language interpreters:

Interpreter enrolls individually as the performing provider;

Interpreter bills individually under their own provider number or the medical provider bills on behalf of the individual interpreter using the interpreter's provider number; and

Interpreter specifies that their *payments go to their employing agency*, such as XYZ Agency's group tax ID number

(Interpreter's provider # is tied to the employing agency due to the "pay to" status. Separate provider # would be needed if employed by other agencies.)

- For medical providers billing on behalf of interpreters who are *not employees*:

Interpreter enrolls individually as the performing provider;

Interpreter bills individually under their own provider number or the medical provider bills on behalf of the individual interpreter using the interpreter's provider number; and

Interpreter specifies that their payments go to an agency.

Additionally, there must be an agreement (regarding payment for interpreter services to that individual) between the performing provider and the agency.

- For medical providers who want to provide patient access to interpreters, but don't want to be involved in the employment of, or billing of, interpreters:

Language and sign language interpreters are eligible to enroll as *individual* Medicaid providers with payment going to that individual under his/her social security number or individual tax ID number.

- Please note that medical provider groups (e.g., physician groups, outpatient hospitals, dentists) cannot bill interpreter services directly. Only the above billing scenarios whereby the individual performing provider (interpreter) enrolls will work.

## HOW DOES ONE ENROLL AS AN INTERPRETER?

- Each language and sign language interpreter must complete a provider enrollment package available through EDS. Please contact Sue Hammell at 225-4899, ext. 3114 (toll free 1-800-423-8303, ext. 3114).

## HOW DOES ONE BILL FOR SERVICES?

Billing is done on the HCFA/CMS 1500 form.

CODE	MODIFIER	MODIFIER	RATE/UNIT	MAXIMUMS	HOUR EQUIVALENT
T1013	UA (sign interpreter)	U1 (15 minute units making up the 1 <sup>st</sup> hour)	\$6.25/unit	max of 4 units	\$25.00/hour
T1013	UA (sign interpreter)	U2 (each additional 15 minute unit beyond 1 <sup>st</sup> four units)	\$2.25/unit	n/a	\$9.00/hour
T1013	UC (language)	U1 (15 minute units making up the 1 <sup>st</sup> hour)	\$3.75/unit	max of 4 units	\$15.00/hour
T1013	UC (language)	U2 (each additional 15 minute unit beyond 1 <sup>st</sup> four units)	\$2.25/unit	n/a	\$9.00/hour

Electronic billing software is also available; providers are encouraged to bill electronically as it facilitates accurate and timely claim preparation and processing. Once you are enrolled, you may contact your EDS provider representative at 225-4899 (toll free 1-800-423-8303) for information about electronic billing.

## OTHER REQUIREMENTS

Medicaid has two federal options for paying for interpreter services: (a) paying as an interpreter service, or (b) paying as part of the fee structure set for providers, in other words, rolling the cost into the provider rates as the portion of the rate assumed to cover administrative costs. Because we pay as an interpreter service (option a), it needs to remain clear that the interpreter (not the outpatient hospital, the physician, etc) is the provider and does receive reimbursement for the service. Were we, at some other time, to select option (b), medical providers would not bill separately for interpreter services; it would be assumed that the rates paid to providers would cover this expense, much the same as for administrative costs.

## MEDICAID RULES

Rules regarding interpreter services are found at He-W 522 and should be followed, with the exception of 522.02(b)(2) which only allows reimbursement for sign language interpreters if the provider of the medical service has fewer than 15 employees. This is an outdated requirement and will be removed when the rule is readopted.

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NH MEDICAID BULLETIN**

**Editors: Medicaid Policy Unit  
Provider Relations, EDS**

**Published quarterly by: NH MEDICAID/EDS**

The goal of this publication is to provide current, accurate information relevant to providers of NH Medicaid. This publication is intended to complement the policy and billing information contained in the Provider Billing Manuals, Banner Pages, and Important Notices. We encourage input and feedback from you to assist us with this goal.

Please address inquiries and comments to the attention of your Provider Relations Representative at the address listed below:

EDS Provider Relations  
PO Box 2040  
Concord, NH 03301