



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. 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.

TITLE XIX BULLETIN	VOLUME XII	ISSUE I	MARCH 2005
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* * * TABLE OF CONTENTS * * *

SUBJECT	PAGE
Automated Voice Response System (AVR)	4
Diabetes-Related Billing Code Requirement	5
Wheelchair Van Service Limit Overrides and Documentation to Support the Use of Wheelchair Van Services	10
Drug Labeler Codes	9
EDS Holidays	1
NH Title XIX Covered Maintenance Medications List	7
Medicaid Fraud Unit	3
Nursing Facilities - Hospital Leave Days	7
Nutrition Services	10
Optical Character Recognition (OCR) Paper Claims Scanning Process	1
Remittance Advice Retention	3
Telephone Inquiries – Improving Processing Time	3
Third Party Liability Carrier Code Additions/Changes	6
Timely Filing of Claims.....	1

APPENDIX

Form 975 - Documentation To Support The Use Of Wheelchair Van Services (REVISED)

Form 957X - Override Request

***** 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 calendar year 2005 are:

Memorial Day	Monday	May 30, 2005
Independence Day	Monday	July 4, 2005
Labor Day	Monday	September 5, 2005
Veteran's Day	Friday	November 11, 2005
Thanksgiving Day**	Thursday	November 24, 2005
Day after Thanksgiving	Friday	November 25, 2005
Christmas Day	Monday	December 26, 2005

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.

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, but have previously been submitted and denied, must be resubmitted on paper, along with Form 957x, "Override Request." 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. 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 **new** 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 to obtain a copy of the information that was provided. If you have questions regarding the new 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)
 - HCFA/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)
 - HCFA/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)
 - HCFA/CMS 1500 - box 19
 - UB-92 - box 84
 - ADA 1999, version 2000 - box 60

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

- Match the claim type of the EOMB
- 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
 - 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** will be imaged and will then go 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 HCFA 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).
- **DO** call the Communications Unit at 1-800-423-8303 (NH and VT only) or (603) 224-1747 if you have questions.

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, or by writing to: Medicaid Fraud Unit, 33 Capitol Street, Concord, NH 03301. Communications are treated as confidential.

REMITTANCE ADVICE RETENTION

The Remittance Advice (RA) is a tool intended to be used by providers for reconciling accounts receivable, and should **not** be discarded. RA's are considered legal documents, and must be maintained by providers, for a minimum of six (6) years, for audit purposes.

Providers will regularly find important messages from EDS at the beginning of each RA. Also included in each RA is provider-specific data regarding paid claims, claims in process and denied claims, as well as an adjustments processed section and a financial section.

Providers who use the information provided on the RA's can make their workload easier by referencing the RA's to check on claims, rather than by calling the Communications Unit, and by using the data on the RA's to ensure the accuracy of their accounts receivable.

Questions regarding accessing information on RA's should be directed to the Communications Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747.

TELEPHONE INQUIRIES – IMPROVING PROCESSING TIME

In an effort to respond to provider inquiries faster, and reduce call times, we are reminding our providers that the following required information should be immediately available when providers call the Communications Unit:

- Your eight (8) digit NH Title XIX **provider number**. If you do not have this number, you may obtain it from your billing department. **Note:** The provider number is **not** the same as the federal tax ID number.
- The NH Title XIX Recipient's eleven (11) digit **Medicaid ID (MID)** number.
 - If you do not have a recipient MID, you will need to provide the Recipient's **last name, first name, and either a date of birth or a social security number**.
 - Names searches will only be done if the recipient, or guardian, has given reasonable indication that the recipient is covered under NH Title XIX.
- When checking on claim status, you will need the **“from and through” dates** that were billed, as well as the **total billed amount** that was indicated on the claim.

Please be advised that calls made to the Communications Unit that are placed on hold by the caller will be disconnected, as the lines must be kept free for other callers. Please make the call only when you have the required information on hand and the time to complete the call.

Other contact numbers for obtaining information regarding medical care or services provided under NH Title XIX:

- Prescription/NDC inquiries by **providers** should be directed to:

FIRST HEALTH

Provider Services: 1-866-664-4511

Prior Authorizations: 1-866-675-7755

- NH Title XIX **recipients** who have questions about their NH Title XIX covered services should be directed to:

NH TITLE XIX CLIENT SERVICES

In state: 1-800-852-3345 x 4344

Out of state: 1-603-271-4344

If you have questions regarding the contents of this article, please call the Communications Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747.

AUTOMATED VOICE RESPONSE (AVR) SYSTEM

As part of recent system enhancements, recipient eligibility segments have been condensed to allow for greater ease in obtaining accurate eligibility information when accessing the Automated Voice Response (AVR) system. By using AVR to access recipient eligibility information, providers may be able to avoid waiting to speak to a provider representative. **Claims information** may also be obtained through our AVR system.

AVR Quick Reference Guide

The Automated Voice Response (AVR) system is a tool that may be utilized in your office to:

- Verify eligibility by recipient's NH Title XIX identification number (MID#)
- Verify recipient eligibility for specific date(s) of service
- Obtain other insurance information
- Obtain correct spelling of recipient's last and first name
- Obtain recipient's date of birth

Steps for verifying NH Title XIX eligibility through AVR:

- Enter the eight (8) digit NH Title XIX provider identification number, followed by the # sign
- Press 1 for eligibility information
- Enter the recipient's eleven (11) digit NH Title XIX identification number, followed by the # sign
- Enter the beginning date of service in the **MMDDYYYY** format, followed by the # sign (example: 01 01 2002 then #)
- Enter the ending date of service in the **MMDDYYYY** format, followed by the # sign (example: 01 01 2002 then #)
- If you need eligibility information for today's date of service only, enter a # sign only for both the beginning and ending date of service

As only numeric digits 0-9 appear on a telephone touch-tone keypad, a special method must be used to allow you to enter **letters of the alphabet**. To represent alpha characters, **you must press the * followed by a letter-specific two (2) digit code**.

Note: There is no alpha O listed above because recipient numbers containing alpha characters followed by a zero should be a numeric 0 "zero," **NOT** an alpha O.

To enter alpha characters into AVR, use the following combination(s) to replace the alpha character.

A= *21

B= *22

C= *23

Example: **MID123456789A0** should be entered into AVR as **123456789*210**

Note: The digit following an alpha character will always be a numeric zero (0), not the alpha letter O.

AVR may also be used to access claim and Remittance Advice (RA) information. Providers may simply follow the AVR prompts, or refer to the instructions in Section 4 of the NH Title XIX Provider Billing Manual, dated July 17, 2000.

AVR is available 24 hours a day, 7 days a week. To access AVR, dial 1-800-423-8303 (NH & VT only) or (603) 224-1747.

If you have questions regarding accessing AVR, please call the Communications Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747.

DIABETES-RELATED BILLING CODE REQUIREMENT

National ICD-9 2005 billing guidelines require the use of a fifth digit (0-3) when submitting claims using diagnosis codes in the 250.0-9 series (diabetes-related). Please refer to your ICD-9 2005 billing instructions for the correct use of this fifth digit when billing NH Title XIX using codes in the 250.0-9 series.

Effective May 1, 2005, claims submitted to NH Title XIX with diabetes-related diagnosis codes that do **not** meet these guidelines will be denied. Please make any necessary changes to your claims processing software to prevent these claims from being denied.

If you have additional questions regarding this coding requirement, please contact the Communications Unit at 1-800-423-8303 (NH & VT only) or (603) 224-1747.

THIRD PARTY LIABILITY CARRIER CODE ADDITIONS/CHANGES

The following third party liability carrier codes have been added since the December 2004 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0702	STAR HRG's Claims Sept., PO Box 55270, Phoenix, AZ 85078-5948
0703	CORE Administration Services, PO Box 90, Macon, GA 31202-0090
0704	Commercial Travelers, 70 Genesee Street, Utica, NY 13502
0705	Excellus Blue Cross, 165 Court Street, Rochester, NY 14647
0706	Starmount, PO Drawer 14389, Baton Rouge, LA 70898-4389
0707	Heavy & General Laborers, Local Unions 472 & 172, 700 Raymond Blvd, Newark, NJ 07105
0708	Mail Handlers Prescription Drug Claims, PO Box 23824, Tucson, AZ 85734
0709	Allstate, Attn: Group Claims, 1776 American Heritage Drive, Jacksonville, FL 33224
0710	Combined Insurance Co. of America, PO Box 638, Bellingham, WA 98227
0711	Medical Mutual of Ohio, PO Box 6018, Cleveland, OH 44101
0712	Union Bankers Inc, Co., PO Box 9110, Clearwater, FL 33758
0713	Harrington Benefit Service, PO Box 730, Pueblo, CO 81002

The following third party liability carrier codes have been re-activated (taken out of archives) since the December 2004 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0507	Pacific Mutual, PO Box 33699, Phoenix, AZ 85067-3699
0255	Guarantee Trust Life, PO Box 460, Laconia, NH 03247 Att: Richard Horan
0305	Martin's Point Health Care, PO Box 9746, Portland, ME 04104-5040
0154	BC/BS NY State Employees, PO Box 11815, Albany, NY 12211-0815
0071	Great West, National Account, 1000 Great West Drive, Kennett, MO 63857

The following third party liability carrier codes have been archived since the December 2004 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0103	PCS, PO Box 68605, San Antonio, TX 78268-6005

The following third party liability carrier codes have had address changes since the December 2004 edition of the NH Medicaid Bulletin:

CODE	COMPANY NAME
0072	Guardian (name change)
0081	Corestar/Reliastar, PO Box 1195, Minneapolis, MN 55440
0114	Retail Pharmacy Program (name change)
0293	CNIC (formerly Intercare), PO Box 3559, Englewood, CO 80155-3559
0509	Pan-American Life insurance Company, 601 Poydras Street, New Orleans, LA 70130
0689	Principal Financial Group, PO Box 39710, Colorado Springs, CO 80949
0690	Express Scripts, Inc. (name change)
0063	AP - One Health Plan, PO Box 11111, Fort Scott, KS 66701 (name and address change)
0065	AP - Guardian, PO Box 8024, Appleton WI 54912 (name and address change)
0111	Caremark/Advance Recap Claims, PO Box 686002, San Antonio, TX 78268 (name and address change)

***** NURSING FACILITY PROVIDERS *****

NURSING FACILITIES - HOSPITAL LEAVE DAYS

When a NH Title XIX covered nursing facility resident is transferred to, and admitted by, an acute care facility (hospital), the nursing facility must reflect this change in the bill they submit to NH Title XIX. If the resident is expected to return to the nursing facility, the nursing facility should report hospital leave days, using revenue code 0185, for each day that the resident is not present in the nursing facility during the midnight census at the conclusion of that day. Although hospital leave days are **not** reimbursable under the New Hampshire Title XIX program, hospital leave days must be reported if the resident is not discharged from the nursing facility.

If the resident is not expected to return to the nursing facility and is discharged from the nursing facility, the resident will require a new level of care determination before or upon the resident's return to any nursing facility. A new Form 276, "Patient Care Referral," must be completed and forwarded to the Bureau of Elderly and Adult Services (BEAS), Office of Long Term Care, before or upon the resident's return, in accordance with He-E 802.

For questions about reporting changes in a NH Title XIX covered nursing facility resident's status, or obtaining clinical authorization/level of care, please contact BEAS, at 1-800-351-1888 x 4338 (in-state only) or (603) 271- 4338.

For billing questions, please contact EDS, at 1-800-423-8303 (NH/VT only) or (603) 224-1747.

***** PHARMACISTS AND PRESCRIBING PROVIDERS *****

NH TITLE XIX COVERED MAINTENANCE MEDICATIONS LIST

The Department of Health and Human Services (DHHS), Office of Medicaid Business and Policy, is pleased to announce that beginning April 1, 2005, prescribers may write prescriptions for 90-day supplies for their Title XIX recipients for the following therapeutic classes and/or medical disorders:

Cardiovascular

- ACE Inhibitors and Combinations
- Angiotensin II Receptor Blockers and Combinations
- Calcium Channel Blockers and Combinations
- Beta Blockers and Combinations
- Statins and Combinations

Gastrointestinal

- Hepatitis C Agents: Pegylated Interferon Alpha and Ribavirin Products
- Medications for the treatment of gastrointestinal disease

Arthritis and Analgesic Anti-Inflammatory

- Cox II Inhibitors
- Medications for the treatment of arthritis

Endocrinology

- Bisphosphonates
- Insulins
- Biguanides and Combinations
- Meglitinides
- Alpha-glucosidase Inhibitors
- 2ND generation Sulfonylureas and Combinations
- Thiazolidinediones and Combinations
- Medications for the treatment of thyroid disease

Respiratory

- Short Acting Beta Adrenergics-Inhalers and Nebulizers
- Long Acting Beta Adrenergics
- Inhaled Corticosteroids
- Nasal Corticosteroids
- Leukotriene Modifiers

Ophthalmic/Glaucoma

- Alpha 2 Adrenergic Agents
- Beta Blocker Agents
- Carbonic Anhydrase Inhibitors
- Prostaglandin Agonists

Behavioral Health

- Atypical Antipsychotics and Combinations
- Novel Antidepressants
- Serotonin Reuptake Inhibitors and Combinations

Neurology

- Alzheimer's Agents
- Medications for the treatment of seizure disorders
- Medications for the treatment of Parkinson's disease

Miscellaneous

- Allergy Symptoms
- Nutrients such as vitamins, minerals, trace elements and amino acids
- Contraception
- Hormone Replacement therapies

This list is an expansion of the previous list, as it now includes several behavioral health drug classes. The list has also been reformatted to mirror the NH Title XIX (Medicaid) Preferred Drug List. None of the medications that were previously available for 90-day supplies have been removed from this list.

Maintenance medications are those drugs that have been previously prescribed for continuous daily therapy of at least 120-days duration, for the treatment of chronic disease.

The prescriber must determine whether a 90-day supply is appropriate for the recipient. Recipients cannot request a 90-day supply at the point of sale, unless the prescribing provider writes the prescription for a 90-day supply, as the pharmacist cannot dispense quantities greater than the amount prescribed.

Please keep in mind that prescriptions written for a 90-day supply, when appropriate, will reduce the co-payment costs to recipients, as recipients will pay only one co-payment per prescription. Additionally, DHHS hopes that recipients may be able to reduce their travel requirements, and that providers will find the prescribing and dispensing process to be more efficient by allowing for 90-day supplies of maintenance medications.

If you have any questions regarding the above information, please call the First Health Technical Call Center at: 1-866-664-4511. The First Health Technical Call Center is available 24 hours a day, 7 days a week.

DRUG LABELER CODES

The following drug labelers **withdrew/or were terminated** effective **1/1/2005**:

NAME	LABELER CODE
Aber Pharmaceuticals, Inc.	67523
Warner Chilcott Laboratories	00047
Halsey Drug Company	00879
Tyco Healthcare Group/Kendall Division	17474
Collagenex Pharmaceuticals, Inc.	27280
Healthpoint, Ltd.	48017
Propharma, Inc.	50313
Dayton Laboratories	52041
Geri-Care Pharmaceutical Corp.	57896
Martin Ekwealor Pharmaceuticals, Inc.	58607
Respa Pharmaceuticals, Inc.	60575
Imiren Pharmaceuticals, Inc.	61808
Chiron Corporation	63430
Medefil, Inc.	64253
MGP Apothecon	64681
Syntho Pharmaceuticals, Inc.	66576
Corban Pharmaceuticals, LLC	68549
Optics Laboratory	64108

The following drug labelers signed rebate agreements and **joined/rejoined** the NH Medicaid Drug Rebate Program effective **1/1/2005**:

NAME	LABELER CODE
Kiel Laboratories, Inc.	59063
Rambaxy Laboratories, Inc.	10631
Santarus, Inc.	68012
Hospira, Inc.	00409
Affordable Pharmaceuticals, LLC	10572
Ista Pharmaceuticals	67425
Oscient Pharmaceuticals Corp.	67707

The following drug labelers signed rebate agreements and **will join/rejoin** the NH Medicaid Drug Rebate Program effective **04/01/05**:

NAME	LABELER CODE
Baxter Healthcare	54129
The F. Dohmen Company	65779

***** PHYSICIANS AND HOSPITALS *****

NUTRITION SERVICES

Please note that federal Title XIX regulations do not allow coverage for nutrition services provided by independent nutritionists or registered dietitians. Currently, nutrition services are only covered under NH Title XIX as part of a physician visit, or if performed by a nutritionist, registered dietician, or anyone under the supervision of the physician as part of a physician visit. Nutrition services provided as outpatient hospital services are subject to the same above-noted requirements in order to be covered as NH Title XIX services. If you refer NH Title XIX covered recipients to independent nutritionists or registered dietitians, please be sure to tell the recipient(s) that the services are non-covered by NH Title XIX through such providers.

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

WHEELCHAIR VAN SERVICE LIMIT OVERRIDES AND DOCUMENTATION TO SUPPORT THE USE OF WHEELCHAIR VAN SERVICES – REVISED FORM 975

In response to many helpful suggestions from our wheelchair van provider community, Form 975, “Documentation To Support The Use Of Wheelchair Van Services,” has been reviewed and revised by the Office of Medicaid Business and Policy. Form 975 has been used as a certificate of medical necessity to support payment by the NH Medicaid/Healthy Kids-Gold (NH Title XIX) program, and is retained in the vendor-maintained NH Title XIX recipient’s file for six years. The revised Form 975 will allow a copy of this same form to be used when requesting services in excess of the 24-trip limit, as well as to meet the requirement for a certificate of medical necessity.

Instructions for use of this newly revised form appear on the form itself. Please remember that the recipient's NH Title XIX eligibility must be verified each time wheelchair van services are accessed.

You are welcome to make copies of Form 975 from this Bulletin for your use, or download the form from the EDS website, at: www.nhmedicaid.com. **Please begin using this revised form immediately, and follow the certification requirements as indicated on the new form.**

Once providers have had an opportunity to use this form, further revisions may be made. Please direct all questions, and suggestions, to: Chip Nadeau, DME Prior Authorization Unit, NH Medicaid, 29 Hazen Drive, Concord NH 03301

DOCUMENTATION TO SUPPORT THE USE OF WHEELCHAIR VAN SERVICES

Wheelchair Van Providers: To support payment by the NH Medicaid/Healthy Kids-Gold (NH Title XIX) program, this completed, dated and signed form must be retained in the vendor-maintained NH Title XIX recipient's file for six years. Incomplete, undated or unsigned forms will be considered invalid. A completed Form 975 is valid as a certificate of medical necessity for wheelchair van services only for the date span requested in Section 2 of this form. The recipient's NH Title XIX eligibility must be verified each time wheelchair van services are accessed. If the recipient changes wheelchair van providers, the new provider must either obtain a copy of the 975 from the previous wheelchair van provider or have a new 975 completed for the new wheelchair van provider's file.

SECTION 1 - To be completed by the wheelchair van service provider actually providing the service.

Recipient Last Name: _____ First Name: _____

NH Title XIX ID#: _____ Date of Birth (MM/DD/YYYY): _____

Wheelchair Van Service Vendor Name: _____ Bus. Phone: _____

Will the wheelchair van service provider be providing the wheelchair during transport? Yes ___ No ___

SECTION 2 - To be completed and signed by the attending physician, physician assistant, ARNP or registered nurse. Failure to complete this form in its entirety may result in a delay in securing transportation to medically necessary services for this individual.

Primary diagnosis: _____

Secondary diagnosis: _____

Request for wheelchair van service is: a temporary need for an acute condition (90 days or less)

a long term need for a chronic condition (up to one year)

Please explain reason for temporary or long term need: _____

Date span of services requested: From _____ To _____

Span of dates must be 90 days or less for acute condition, or no longer than 1 year for chronic condition. A new 975 must be completed for subsequent time periods.

Does this individual require a wheelchair for: Indoor mobility? Yes ___ No ___

Outdoor mobility? Yes ___ No ___

Does this individual own or currently rent a wheelchair? Yes ___ No ___

Considering the individual's medical condition, is s/he able to utilize:

Public bus transportation (where available)? Yes ___ No ___

Transportation by taxi (where available)? Yes ___ No ___

Private automobile (without modifications)? Yes ___ No ___

By signing below, you are certifying that the above-noted individual is unable to mobilize without the use of a wheelchair for the time-period listed above, and requires the use of a wheelchair van for transportation to and from medical services.

Signature of MD, PA, ARNP, RN

Title

Contact Phone Number

Printed Name

Date Signed

FOR SERVICE LIMIT OVERRIDE USE ONLY (To be completed by wheelchair van provider):

I am requesting consideration of additional services beyond the 24-trip limit by submitting a copy of this form to: **DME Prior Authorization Unit, NH Medicaid, 29 Hazen Drive, Concord NH 03301.** **NOTE:** Additional services will not be authorized beyond the end date indicated in Section 2, above. Actual authorized covered services may be less than requested. If additional services are determined to be necessary subsequent to this request, a new 975 must be submitted for reconsideration.

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 Official EDS Correspondence 8-digit batch # (if billed electronically)
Dated _____ Dated _____ 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**

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

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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