

TO: Providers of Pharmaceutical Services

SUBJECT: Billing for Services Provided to Garden State Health

EFFECTIVE: Immediately

PURPOSE: 1) To clarify the procedures to be used when billing for services provided to GSHP recipients; and  
2) To identify and address common billing errors.

BACKGROUND: The Garden State Health Plan (GSHP), the State-operated Health Maintenance Organization (HMO), is expanding. Medicaid providers will be rendering services to more GSHP enrollees as a result of this expansion.

Providers can identify a GSHP recipient by one of two restrictive messages on their Medicaid Eligibility Identification (MEI) Card (FD-13/178)(REV.4/94) which states "HMO-CHECK GSHP ID CARD" or "Services Restricted", call HMO GSHP 1-800-525-0047. The GSHP recipient must present their GSHP "Gold Card," which lists the PCM of record for each GSHP recipient.

The GSHP Physician Case Manager (PCM) is responsible for coordinating all aspects of a recipients health care and may refer the recipient to any provider who participates in the Medicaid program. Medicaid providers may then render any service that has been Prior Authorized by the PCM. The Medicaid provider will be reimbursed for all services provided to a GSHP recipient in an amount equivalent to that allowed in a fee-for-service environment.

ACTION: A Medicaid provider must obtain from the PCM a Prior

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## I. DIRECTIONS FOR SUBMITTING GSHP MEMBER CLAIMS

There is a ten-digit Prior Authorization Number which is printed on the top right corner of each PA form. This number is required for billing certain services, and when necessary must be included on the MC-6 claim form or the software equivalent when claims are submitted electronically. Claims submitted for GSHP recipients which do not include the Prior Authorization Number, when required, will be denied. PA forms should not be attached to the hard copy of the MC-6 claim form.

The GSHP Prior Authorization Number is required for billing pharmacy claims when the prescription is not written by the PCM or a registered member of the PCM group. In that case, the Prior Authorization Number must be entered on the claim form in FIELD #20.

When the prescription is written by the PCM, no Prior Authorization is required. However, the PCM's Medicaid provider number **MUST** be entered in FIELD #23 (Prescribing Physician) of the MC-6 claim form. A claim that is submitted using an incomplete or incorrect PCM Provider Number, (i.e., 5555555 or 6666666) will be denied.

## II. COMMON BILLING ERRORS

### 1) Edit Code 410--Service Not Authorized by GSHP Case Manager

The Edit Code indicates that the GSHP PA number is required, and is not on the pharmacy claim in the designated area. If the PA number is not entered in the proper field, is not legible, or crosses into another field, the claim will be denied.

### 2) Edit Code 231--Referring Provider # Required-GSHP

This Edit Code indicates that the PCM's Medicaid provider number is required, and is not entered in the proper field. This seven-digit Number must be entered into FIELD #23 on the MC-6 claim form. Claims will be denied if this field is incorrect or incomplete.

## III. OTHER BILLING ERRORS

### 1) Edit Codes 780, 781, 782, 783, 784

These five Edit Codes indicate that the PA Number has been entered on the claim form, however, a problem exists with authorization, dates of service, procedures or units authorized. Providers should contact the GSHP for resolution.

#### IV. MISCELLANEOUS BILLING INFORMATION

##### 1) Claims Submitted for Newborns

Newborns are not automatically enrolled in the GSHP on their date of birth. Claims for services to the newborn which fall on or before the last day of the calendar month in which the 60th day after birth occurs, do not require authorization from the GSHP. These claims can be billed directly to Medicaid by using the Medicaid Eligibility Identification (MEI) number of the child's mother, the child's date of birth, the child's sex, and the child's name as it appears on the hospital records, on the claim form.

However, the newborn should be enrolled in the GSHP within 60 days of his/her date of birth. If the newborn is found ineligible for Medicaid, all claims for services will be denied.

##### 2) Over the Counter (OTC) Medications

Unlike other Medicaid programs, the GSHP pays for OTC medications when the prescription is written by the recipient's PCM or a member of the PCM's group. In this instance, the Provider Number of the PCM of record or the Provider Number of a member of the PCM's group must be included on the claim form or it will be denied. If the prescription for the OTC drug is written by a physician other than the PCM or a member of the PCM's group, it must be Prior Authorized in the same manner as any other prescription.

OTC drugs, as well as prescription drugs, are subject to Medicaid regulations regarding the Pharmaceutical Rebate program. If you have any questions regarding coverage of OTC drugs, please contact the Chief, Pharmaceutical Services, at (609)588-2724 or the Garden State Health Plan, at 1-800-525-0047.

For further information concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Garden State Health Plan at 1-800-525-0047.

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