

TO: Hospitals - Chief Executive Officer

(ROUTE TO: Billing, Finance and Accounting Offices)

SUBJECT: Billing for Services Provided to Garden State Health Plan

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-73/178)(REV.4/94) which states "HMO-CHECK GSHP ID CARD" or "Services Restricted", call HMO GSHP 1-800-525-0047. A GSHP recipient must present their GSHP "Gold Card" which indicates the PCM of record for each GSHP recipient.

The GSHP Physician Case Manager (PCM) is responsible for coordinating all aspects of a recipient's 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 Author-

I. DIRECTIONS FOR SUBMITTING GSHP RECIPIENT CLAIMS

There is a ten-digit Prior Authorization Number which is printed on the top corner of each PA form. This PA number is required for billing and must be entered in Form Locator #11 on the UB-92 claim form.

Providers are also required to include the Medicaid Provider Number of the PCM on the UB-92 claim form in Form Locator #82 (referring or attending physician). PA forms should not be attached to the hard copy of the UB-92 claim form.

NOTE: Claims submitted for GSHP recipients without either of these items will be denied.

II. COMMON BILLING ERRORS

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

This Edit Code indicates that the GSHP PA Number is required, and is not on the claim form 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 Form Locator #82 on the UB-92 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) Exempt Services

Services which normally may be provided as part of an inpatient hospital stay, such as durable medical equipment, medical supplies or laboratory services, do not require prior authorization if the inpatient hospital stay has been prescribed by the patient's PCM or a member of the PCM's group.

Hospital services, such as durable medical equipment and medical services provided by the outpatient hospital department no longer require a Prior Authorization Number when the PCM or a member of the PCM group refers or prescribes a service.

When billing for these exempt services, the billing provider must enter the name and Provider Number of the prescribing provider (PCM or member of the PCM's group) in the appropriate form locator field on the UB-92 claim form. Claims will be denied without this information.

3) Laboratory Services

Laboratory services that are provided by the outpatient hospital department require Prior Authorization if not ordered by the patient's PCM.

For further information regarding 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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