

Public Health Services Presentation

October 8, 2008

Questions & Answers

The questions and answers have been organized by presentation topics.

Immunizations

1. What is an appropriate fee and how is that determined?

Dr. Bush and Sheree reviewed claims and determined \$15.00 is an appropriate fee. This fee was the median of the provider's claims reviewed.

2. WyVip program, what is the appropriate fee?

The current reimbursement rates are:
\$14.00 administration fee
\$10.00 administration fee without consultation

3. If you are electronically billing do you send the invoice separately to ACS or send a paper claims?

This is your choice. If you bill electronically you must check the attachment indicator then you have 30 days to submit your attachment. The attachment must be accompanied with the Attachment Control Document cover sheet. This allows ACS to match up the attachment paperwork with the appropriate claim. Or you can bill claims that require attachments on paper. The cover sheet may be found on the "Forms" page of the EqualityCare website.

LT101

4. What is the turnaround time in receiving an EqualityCare client ID number from ACS when an LT101 was performed on a patient without coverage?

Upon receipt of the LT101 ACS has two days or 48 hours to process.

Additional Services

5. How do procedure code appeals work?

All procedure code appeals must be in writing and mailed to ACS. The appeal must contain the procedure code in question, documentation supporting your request, etc. ACS will conduct initial research and forward to the Office of Healthcare Financing (OHCF) for approval or denial.

ACS, Inc.
Attn: Provider Relations
PO Box 667
Cheyenne, WY 82001

Breast Pump Policy

6. We recently faxed in an invoice for purchasing a pump does anyone else do that?

Faxing invoices is not recommended. At times, faxed invoices are not clear; some faxes reduce the image from the original size making it difficult to interpret, etc. If it is necessary to fax remember to include the completed attachment cover sheet with the invoice. This allows ACS to match up the invoice with the appropriate electronically submitted claim. The Attachment Control Document cover sheet may be found on the “Forms” page of the EqualityCare website.

7. When I am billing for a breast pump requiring prior authorization (PA), do I need to complete the referring provider information.

No, you do not need to enter the referring provider information, but you do need to complete the medical necessity form.

Miscellaneous Questions

8. I didn't think that 33b was a required field?

Providers that have one NPI number linked to more than one EqualityCare provider number must include the appropriate taxonomy number in box 33b.

Providers with only one NPI number linked to one EqualityCare provider number do not have to include their taxonomy in box 33b.

9. What is the difference between using the Web Portal and WINASAP when billing claims?

Web Portal is an on-line billing program.

WINASAP is a billing software program that is installed to an individual computer and requires a modem for a dial-up connection. A complete list of computer requirements may be found on the EqualityCare website.

Both require an enrollment application to receive a trading partner identification number prior to submitting claims. The Web Portal is not limited to claim submission but offers additional valuable services, such as, access to remittance advices (RAs). Tutorials for both applications may be located on the EqualityCare website.

Pregnant by Choice Waiver Program

10. How long do women have to get enrolled in Pregnant by Choice?

There is a very small window of time. If a mother lets her EqualityCare benefits lapse after the 60 day postpartum period she will not be eligible for the Pregnant by Choice Program. The review form has to be completed before the coverage lapses.

11. How long can a person be on the Pregnant by Choice program?

Eligibility will be determined yearly.