



EqualityCare News

November 2008

CMS-1500
08-007

New CMS-1500 Provider Manual

Please share this bulletin with the following staff:

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- EqualityCare Biller
- Physician (s)
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Manual Organization & Provider Responsibility

The CMS-1500 Provider Manual has been redesigned and updated; it is three manuals in one, the General Module, Professional Covered Services Module and Professional Billing Module. This manual does not contain Long Term Care – HCBS, Assisted Living Facility and Developmentally Disabled (Children, Adult, and Acquired Brain Injury) Waiver Services, but the Overview, Authority and Chapters 1 through 8 apply to waiver service providers. The CMS-1500 Provider Manual is organized as follows:

- Overview
- Authority
- Chapter 1: General Information
- Chapter 2: Getting Help When You Need It
- Chapter 3: Provider Responsibilities
- Chapter 4: Utilization Review
- Chapter 5: Client Eligibility
- Chapter 6: Common Billing Information
- Chapter 7: Third Party Liability
- Chapter 8: Electronic Data Interchange (EDI)
- Chapter 9: CMS-1500 Covered Services

This manual has incorporated all of the “General and Professional” provider bulletins that were posted on the EqualityCare website, since September 2003 to current. This manual supersedes all previous policy manuals, letters and newsletters. It is the provider’s responsibility to be familiar with all current rules and regulations governing the EqualityCare Program. Provider manuals are to assist providers with billing EqualityCare; they do not contain all Medicaid rules and regulations.



Rule citations in the text are a reference tool only. They are not a summary of the entire rule. In the event that the manual conflicts with a rule, the rule prevails.

The initial distribution of this manual is via the EqualityCare website: <http://wyequalitycare.acs-inc.com>.

Once you have accessed the website:

- Select “Provider Manuals and Bulletins”
- Select the appropriate provider type within the CMS 1500 Provider Manual and Bulletins section
- Select “CMS 1500 Provider Manual”

This manual may be saved or downloaded to your desk top, printed, or accessed at this location. For all future updates in the EqualityCare Program, ACS will update the manual posted on the website and notify providers via provider bulletin, remittance advice (RA) banner, or OHCF (Office of Healthcare Financing) letter or newsletter. It is in your best interest to periodically download an updated provider manual from the website.

Important Policy Changes/Additions (Not Previously Communicated)

- Appeal of Timely Filing, Exceptions to the Twelve-Month Limit Section 6.20.1: When a client is determined to be eligible on appeal, reconsideration, or court decision the clients claims must be submitted within six (6) months of the date of the determination of retroactive eligibility. Review this section for complete policy and documentation requirements.
- Audiology Services Section 9.7.3: The date of service is the date the hearing aid is delivered or the date that the repairs are completed.
- Children’s Mental Health Waiver (CMHW) Section 9.8
- Tysabri Section 9.17.11.1
- Maternity Care Section 9.17.15.1 Obstetrical Ultrasound: No longer limiting obstetrical ultrasounds to two per pregnancy, review this section for complete policy and documentation requirements.
- Vision Services Section 9.17.26.1: Providers must use the date of delivery as the date of service

Helpful Additions and Updates

- Quick Address and Telephone Reference Guide Section 2.1
- Quick Website Reference Guide Section 2.2
- EqualityCare and State Healthcare Benefit Plans Section A.3
- Basic Claim Information Section 6.1: Claims processing using Optical Character Recognition (OCR)
- Completing the CMS-1500 Claim Form Section 6.3: Improved instructions
- Examples of Billing Section 6.5
- National Drug Code (NDC) Billing Requirement Section 6.5.3
- Prior Authorization Section 6.12: Agency Responsibility Table
- Instructions for completing the EqualityCare Prior Authorization Form Section 6.12.1.2
- How to Read Your Remittance Advice Section 6.15.2: Improved instructions

Helpful Additions and Updates (con't)

- How to Complete the Adjustment/Void Request Form Section 6.16.3.3: Improved instructions
- Procedure code(s) and ranges have been added throughout Chapter 9. The procedure codes listed are subject to change at any time with or without prior notice. The most accurate way to verify coverage for a specific service is to review the EqualityCare fee schedules on the website, <http://wyequalitycare.acs-inc.com>, select “Fee Schedules”. Not all codes are covered by EqualityCare or are allowed for all taxonomy codes. It is the provider’s responsibility to verify this information.
- Recommended Immunization Schedule Section A.4



If you do not have the ability to download or access the manual from the EqualityCare website you may mail a written request for a manual on CD or paper copy. Your request must include your provider number or NPI number and an explanation of why you are unable to obtain the manual from the web site. It will be the provider’s responsibility to maintain a current copy of the provider manual as updates are made. Please mail these requests to:

ACS Provider Relations
P.O. Box 667
Cheyenne, WY 82003-0667

For additional questions regarding billing or covered services contact the ACS Provider Relations Unit at (800)251-1268. Call center hours are Monday through Friday from 9 a.m. to 5 p.m.




Wyoming Department of Health
Public Health Insurance Program



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We're on the Web!

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