

Billing Procedures

Claim Forms

Services provided by the healthcare professionals covered in this manual must be billed either electronically or on a UB-04 claim form. UB-04 forms are available from various publishing companies; they are not available from the Department or Provider Relations.

Member Cost Sharing (ARM 37.85.204 and 37.85.402)

See the *General Information for Providers* manual for additional information on member cost sharing.

IHS Revenue Codes

IHS providers may bill Medicaid with the revenue codes shown in the current fee schedule.

Billing for Specific Services

Prior authorization is required for some services. Passport and prior authorization are different, and some services may require both. Different numbers are issued for each type of approval and must be included on the claim form. (See the Submitting a Claim section in the *General Information for Providers* manual.)

Some services provided by an IHS are billed with the IHS provider number and codes specific to IHS. Other services require the IHS to enroll as a Medicaid provider for the type of services provided (e.g., ambulance services, personal care services, home health) and are billed using the Medicaid provider number assigned to that provider type. All providers must be enrolled with Medicaid before billing for services.

Every claim for Medicaid services must indicate the provider of service. Claims for services rendered in IHS facilities are submitted using the IHS facility's provider number. However, when services are rendered in a non-IHS facility, the claim should be submitted using the individual's provider number.

IHS physicians do not receive reimbursement directly from Medicaid but from the IHS. IHS providers must show the Billings Area Indian Health Service as the "pay to" address on the enrollment form.

