



Medicaid Indian Health Services

*Medicaid and Other Medical
Assistance Programs*



June 2014

This publication supersedes all previous Medicaid Indian Health Services handbooks. Published by the Montana Department of Public Health & Human Services, April 2006.

| *Updated April 2013, July 2013, February 2014, and June 2014.*

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

My NPI/API:

Multiple Services on Same Date

IHS providers can submit single or multiple claims for all services provided to the same member on the same day. Like revenue codes billed on the same date of service will deny.

Span Bills

Providers may include services for more than one day on a single claim, so long as the service is billed with the IHS revenue code and the date is shown on the line. See the Reimbursement Methods for Specific Services table in the How Payment Is Calculated chapter of this manual.

Reporting Service Dates

- All line items must have a valid date of service in form locator (FL) 45.
- The following revenue codes require a separate line for each date of service and a valid CPT or HCPCS Level II code:
 - 51X Clinic
 - 77X Preventive Care Services

IHS Revenue Codes

IHS providers may bill Medicaid with the revenue codes shown in the following table using their IHS provider number.

IHS Revenue Codes for Billing Medicaid		
Service	Revenue Code	Description
Inpatient	100	All inclusive room, board plus ancillary
General Class Medical/ Surgical Supplies	270	
General Class – Durable Medical Equipment	290	
Rental – Durable Medical Equipment	291	
Purchase – Durable Medical Equipment	292	
Lab	300	Lab services
Radiology	320	Diagnostic
Outpatient Surgery	490	Outpatient surgery

IHS Revenue Codes for Billing Medicaid (Continued)

Service	Revenue Code	Description
Outpatient Clinic Visit	500	General class outpatient clinic services (e.g., physician, mid-level, therapy)
Eyeglasses	509	Eye exam and dispensing
Dental	512	Dental clinic visit
Psychiatric	513	Psychiatric clinic visit
Additional Visit	519	Other outpatient visit
VFC	771	VFC administration
Inpatient Physician Visit	987	Professional fees – hospital visit

Billing for Specific Services

Prior authorization is required for some services. Passport and prior authorization are different, and some services may require both. (See the Passport and Prior Authorization chapters in this manual.) Different codes are issued for each type of approval and must be included on the claim form. (See the Submitting a Claim chapter in this manual.)

Some services provided by an IHS are billed with the IHS provider number and codes specific to IHS. (See the IHS Revenue Codes for Billing Medicaid table previously in this manual.) Other services require the IHS to enroll as a Medicaid provider for the type of services provided (e.g., dialysis clinic services, nursing facility 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. The table below describes billing procedures for different 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 Services as the "pay to" address on the enrollment form so that all payments will go directly to the IHS office.