

Title 23: Division of Medicaid, Provider Billing Manual, Change Log

Revision Date	Section		Page	Summary
12/10/20	Section 2.1	CMS-1500 Billing Modifiers	1	Updated to include modifier for obstetrical, prenatal and postpartum services.
2/20/20	Section 1.4 Section 0.2	Utilization Management and Quality Improvement Organization, Quick Reference Billing Tips	24, 7	Updated to include information regarding the medical review contract with Alliant Health Solutions and the contact information for Alliant. Updated to include contact information for Alliant Health Solutions and other general billing tips.
1/22/20	Introduction	Introduction letter		Removed introduction letter written by former Executive Director.
1/22/20	Section 9.2	Forms		Added Appointment of Authorized Provider Representative or Agent Form.
9/3/19	Section 1.12	Timely Filing	1	Language added directing providers to submit claims within twelve (12) months from the date of service.
9/3/19	Section 3.0	UB-04 Claim Instructions	16	Figure 3-7 (Field 42) Nursing Facilities and ICF/IID: revenue code “0101” typo in the Code column has been corrected to read “1001”.
9/3/19	Section 1.8	Benefits and Limitations	3	Prescription drug limit changed from five (5) prescription drugs to six (6) prescription drugs per month in the reference chart to be consistent with the 7/1/19 changes.
9/3/19	Section 1.8	Benefits and Limitations	2	Home Health Visits changed from twenty-five (25) visits per state fiscal year to thirty-six (36) visits per state fiscal year in the reference chart to be consistent with the 7/1/19 changes.
9/3/19	Section 1.8	Benefits and Limitations	3	Combined physician office and outpatient hospital visit limit changed from twelve (12) to sixteen (16) per state fiscal year for both psychiatric and non-psychiatric services to be consistent with the 6/1/19 changes.