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STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Health Care Services Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

February 25, 2009

MEMORANDUM

ACS M09-09

TO: Medicaid Providers

FROM: Kenneth S. Fink, MD, MGA, MPH *KSF*  
Med-QUEST Division Administrator

SUBJECT: PRIOR AUTHORIZATION DENIALS

You are receiving this letter because you have claims that posted the edit L127.1 - BILLING PROVIDER NOT VALID GROUP ID; INVALID COMBINATION OF CODES. This edit is generated because claims were submitted with a Billing NPI or Legacy ID that not a Billing NPI/ID in the Hawaii Prepaid Medicaid Management Information System (HPMMIS), or is not linked to the Rendering Provider NPI/ID in HPMMIS. This issue only affects CMS 1500 claim forms.

To prevent this from happening in the future, please ensure that claims are submitted with a valid Billing NPI/ID in the Billing ID field. For NPIs, this is field 33-A in on the CMS 1500 form. For atypical providers with no NPI, the Legacy Billing ID is entered in field 33-B. The Rendering NPI/ID should be entered in Field 24-J of the CMS 1500.

The Billing NPI/ID that you submit must be linked to your Rendering NPI/ID in HPMMIS. If you need to update your NPI/ID information in HPMMIS, please contact the Health Care Services Branch at 692-8099.

For claims that denied for L127.1, you will need to resubmit for payment. The claims can be submitted electronically, or on hard copy. For hard copy claims submittals, please send claims to:

ACS  
Attn: L127.1  
1440 Kapiolani Boulevard, Suite 1440  
Honolulu, HI 96814

AN EQUAL OPPORTUNITY AGENCY

If claims are more than 1 year from the date of service, you will need to obtain a timely filing waiver before resubmitting claims. Requests to waive the filing deadline must be submitted to:

DHS/MQD/FO  
P.O. Box 700190  
Kapolei, HI 96709-0190

You must list the names of the clients, dates of service and CRNs of previously submitted claims. Please include documentation and a description of the extenuating circumstances. If you have several claims for which you require a waiver, you may list these claims on a single request letter.

To ensure payment for resubmitted claims, please follow the instructions above. If you have any claims submittal questions, please contact the ACS Provider Inquiry Unit at (808) 952-5570 from Oahu or 1-800-235-4378 from Neighbor Islands.