

## Verification Requirements

For any conflicts between the following reference materials and the rules, the rules prevail.

	<b>SB 418 and Emergency Rules</b>	<b>SB 418 and Final Rules</b>
<b>Verification requests from providers must contain:</b>		
1.	Patient name	Patient name
2.	ID number (if included on the ID card)	ID number (if included on the ID card)
3.	Date of Birth	Date of Birth
4.	Enrollee or subscriber name, if shown on ID card	Enrollee or subscriber name, if shown on ID card
5.	Patient relationship to enrollee or subscriber	Patient relationship to enrollee or subscriber
6.	Presumptive diagnosis, if known, otherwise presenting symptoms	Presumptive diagnosis, if known, otherwise presenting symptoms
7.	Description of proposed procedure(s) or procedure code(s)	Description of proposed procedure(s) or procedure code(s)
8.	Place of service code where services will be provided and if place of service is other than provider's office or provider's location, name of hospital or facility where proposed service will be provided	Place of service code where services will be provided and if place of service is other than provider's office or provider's location, name of hospital or facility where proposed service will be provided
9.	Proposed date of service	Proposed date of service
10.	Group number if included on ID card	Group number if included on ID card
11.	Name and contact information (including name, address, telephone number, name of enrollee, ID number, group number and group name) of any other carrier, if known to provider	Name and contact information (including name, address, telephone number, name of enrollee, ID number, group number and group name) of any other carrier, if known to provider
12.	Name of provider who will provide proposed services	Name of provider who will provide proposed services
13.	Federal tax ID of provider	Federal tax ID of provider

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For any conflicts between the following reference materials and the rules, the rules prevail.

	<b>SB 418 and Emergency Rules</b>	<b>SB 418 and Final Rules</b>
<b>Within 1 day of receiving a request, the carrier can make 1 request for additional information, which must be:</b>		
1.	Specific to the verification request	Specific to the verification request
2.	Specific as to the clinical and other information required	Specific as to the clinical and other information required
3.	Relevant and necessary for the resolution of the request	Relevant and necessary for the resolution of the request
4.	For info in, or in the process of being incorporated into, the enrollee's medical or billing record maintained by the provider	For info in, or in the process of being incorporated into, the enrollee's medical or billing record maintained by the provider
<b>The carrier's written response must include:</b>		
1.	Enrollee name and ID number	Enrollee name and ID number
2.	Requesting provider's name	Requesting provider's name
3.	Hospital or other facility name, if applicable	Hospital or other facility name, if applicable
4.	Specific description with relevant procedure codes of the services that are verified or declined	Specific description with relevant procedure codes of the services that are verified or declined
5.	Effective period for the verification (at least 30 days)	Effective period for the verification (at least 30 days)
6.	If verified, any deductibles, copayments or coinsurance	If verified, any deductibles, copayments or coinsurance
7.	If declined, specific reasons for declination	If declined, specific reasons for declination
8.	If the service(s) require pre-authorization, must give the pre-authorization decision	N/A
9.	Unique verification number for provider to enter on subsequent claims for proposed service	Unique verification number for provider to enter on subsequent claims for proposed service
10.	Statement that services are verified or declined pursuant to §19.1724	Statement that services are verified or declined pursuant to §19.1724