

March 31, 1998

To All Indiana Medicaid Hospital Providers

As was noted in Indiana Medicaid Provider Bulletin E97-26, EDS is in the process of reviewing all Inpatient Hospital Claims paid between February 1995 through October 1997 to determine the impact of utilizing the admitting diagnosis in the DRG grouping and to identify duplicate paid claims. The original due date for both sections of this project was November 1997, however, EDS has experienced delays in identifying the duplicate claim submissions. EDS will keep the provider community posted as to when to expect to see the duplicate claim submission adjustments. The adjustments related to the admitting diagnosis and DRG grouping are complete.

To All Indiana Medicaid DME Providers

Effective May 7, 1998 DME Codes L1844 and L5614 will have a new rate. Procedure codes L1844 and L5614 will change from Manual Pricing to Max Fee. The reimbursement rate for procedure code L1844 will be 1134.98 and the reimbursement rate for procedure code L5614 will be 1260.12. Providers are reminded that Medicaid requirements call for the billing of the providers usual and customary amount.

To: All Indiana Medicaid Providers

As you are aware, it is standard procedure for EDS to automatically deny claims for which a Claim Correction Form (CCF) was generated but the CCF was not returned within 45 days of issuance. However, this automatic denial has not been occurring since October, 1997. EDS has corrected the problem with the CCF process for future claims and will begin auto denials of these claims immediately. We are alerting providers that a significant increase will occur in denial activity over the next two weeks as the claims which have been in CCF status since October, 1997 but not denied, are put through the system for auto denial. Claims being auto denied for not returning the CCF will appear on the RA with EOB 499. Please be aware of this increased activity when you are reviewing your Remittance Advices over the next two weeks.

To All Indiana Medicaid Providers

For psychiatric services, new admissions must be received by EDS within 48 hours. Receipt may be via phone or fax. Fax request must be received by Close of Business or 6:00 p.m. to be counted for that day's receipt. Requests received after 6:00 p.m. will be counted as the following day's receipt.

Concurrent review stays need to be received by EDS on, or before, the last approved day. Phone or fax may be utilized. Again fax request must be received by the close of business or 6:00 p.m. to be counted toward that day.

All 1261A's must be completed in full prior to submission. Please refer 405 IAC 5-20-5 which addresses Certification of need for admission. For clarification purposes the written certification required is the 1261A. Medical Records are not to be submitted in lieu of the appropriate form.

To: All Indiana Medicaid certified Nursing Facilities

Effective immediately, all incoming mail sent to the Office of Medicaid Policy and Planning (OMPP) , Family and Social Service Administration (FSSA) Hearings and Appeals, and the Bureau of Aging and In-Home Services (BAIHS) must include new routing codes. The codes are as follows:

- MS07 - OMPP
- MS04 - FSSA Hearings and Appeals
- MS21 - Bureau of Aging and In-Home Services

When mailing Form 450B and all related medical information or letters directly to OMPP, the address must include MS07 directly above the OMPP address. Appeal requests mailed directly to FSSA Hearings and Appeals must include MS04 above their address. PASRR or other information mailed directly to the Bureau of Aging and In-Home Services (BAIHS) must include the code MS21.

Example address:

MS07
Office of Medicaid Policy and Planning
402 W. Washington Room W382
Indianapolis, IN 46204

Your immediate implementation of the use of these mail codes will expedite mail handling within FSSA.

To All Indiana Medicaid Home Health Providers

This message is to notify providers that on March 24, 1998, EDS began systematically mass adjusting all Home Health claims previously incorrectly processed. This mass adjustment project includes those claims with dates-of-service beginning January 1, 1997 through October 1997, which were reimbursed at the 1996 established rates because of a delay in EDS receiving the updated rates for 1997. In addition, all claims which were previously recouped in the mass adjustment when the system erroneously omitted the "span date" information from the claim will be included in this project. EDS anticipates this project will be completed by the week of April 6, 1998.