



## I M P O R T A N T   I N F O R M A T I O N

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**To All Indiana Medicaid Certified Nursing Facilities and Intermediate Care Facilities for the Mentally Retarded:**

This is to remind all long term care (LTC) providers that an approved Form 450B or 450B SA/DE must be on file in IndianaAIM for their provider number before billing for services provided to a recipient. The billing provider number on the LTC claim must match the provider number from the State approved Form 450B or 450B SA/DE in IndianaAIM for the dates of service being billed. If an LTC claim is billed before information from the approved Form 450B or 450B SA/DE has been entered into the IndianaAIM system, the claim will deny for Edit 1024: Billing provider is not recipient's listed long term care provider, please verify provider number and resubmit.

**When an LTC claim denies for Edit 1024, the provider should verify the status of the Form 450B or 450B SA/DE.** If the facility has an **approved Form 450B** or 450B SA/DE, for the correct provider number and correct dates of service, the approved Form 450B or 450B SA/DE should be re-submitted to the OMPP. Please include a cover letter requesting that the information be data-entered into the IndianaAIM system due to claim denial for Edit 1024 and submit to the following address:

Ms. Nancy Hopkins  
Office of Medicaid Policy and Planning  
MS07  
402 West Washington Street  
Indianapolis, IN 46204

If the long term care facility **does not have an approved Form 450B** or 450B SA/DE for the correct provider number and dates of service, the facility must follow the established procedures for obtaining Form 450B level of care approval from the OMPP. The Form 450B or 450B SA/DE process for nursing facilities is outlined in Medicaid Update E98-40 that was published in November 1998. Intermediate care facilities for the mentally retarded should direct Form 450B eligibility questions to the local Bureau of Developmental Disabilities field office.

For questions related to this reminder, please call the EDS LTC Unit at (317) 488-5099.

**To All Indiana Medicaid Providers Who Receive Professional/Institutional Electronic Remittance Advice:**

EDS has made a system update to the Professional/Institutional Electronic Remittance Advice. Effective March 30, 1999, the rendering provider number, billed on Health Care Finance Administration (HCFA) 1500 claims and HCFA 1500 adjustments, is now being posted to the electronic remittance advice. On April 15, 1999, notification was sent to all approved Medicaid software vendors regarding this update. If you have any questions regarding this modification to the electronic remittance advice, please contact the EDS Electronic Claims (ECS) Help Desk at (317) 488-5160 or (317) 488-5158.