



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 Home Health Care Providers:

The mass rate adjustment for new home health rates announced in the banner page published on April 27, 1999, BR199917 will appear on the remittance advice (RA) for May 18, 1999. The new rates were published in BT199915 on April 23, 1999, *Change in Reimbursement Rates for Home Health Providers*. There will be a two-week delay in recoupment of accounts receivable associated with this mass rate adjustment so that home health agency providers can review the impact of the mass rate adjustment and when appropriate, submit a request for an extended repayment schedule. Requests for an extended repayment schedule must be submitted by letter and include a brief explanation or justification of the hardship to the provider's business. The request should be faxed to EDS at (317) 488-5377, Attention: Director of Finance, by June 2, 1999. A maximum repayment period of four months will be considered for approval. Providers who submit a timely request will receive a response to the request prior to June 8, 1999. If an extended repayment period is not requested and approved, full and immediate recoupment of accounts receivable listed on the RA dated May 18, 1999, will begin on June 8, 1999. Questions regarding an extended repayment schedule can be left on voice mail at (317) 488-5004.

To All Indiana Medicaid Acute Care Hospitals, Freestanding Psychiatric Hospitals, Rehabilitation Hospitals, Distinct Part Unit Psychiatric Facilities, and Ambulatory Surgical Centers:

The following information provides a correction to bulletin BT199902, *Changes in Diagnostic Related Groups/Level of Care Inpatient and Outpatient Methodologies*, published April 1, 1999:

The DRG Burn/1 LOC Rate in Appendix A was reported as:

| | |
|-------------------|---------------------|
| DRG and LOC Rates | On or After 5/15/99 |
| Burn/1 LOC Rate | \$1,671.15 |

The DRG Burn/1 LOC Rate in Appendix A has been corrected to reflect:

| | |
|-------------------|---------------------|
| DRG and LOC Rates | On or After 5/15/99 |
| Burn/1 LOC Rate | \$1,671.75 |

The following information was excluded from bulletin BT199902:

| DRG | Description | Current | | On or After 5/15/99 | |
|-----|--|------------|------|---------------------|------|
| | | DRG Weight | ALOS | DRG Weight | ALOS |
| 807 | Combined anterior/posterior spinal fusion w/o cc | 0.0000 | 0.0 | 5.6748 | 4.5 |

To All Indiana Medicaid HCFA 1500 Providers:

In order to bill for Synagis, providers must use either the Current Procedural Terminology (CPT) code 90749 (unlisted immunization) or the Health Care Financing Administration Common Procedure Coding System (HCPCS) code J3490 (unclassified drug). HCFA has not yet assigned a specific code for this drug; therefore, providers must bill for Synagis using one of the above codes. Both of the above codes are manually priced. As with all manually priced drug codes, the provider must indicate, on the claim form, the drug name, the 11-digit national drug code (NDC), and the number of units

administered. It is the provider's responsibility to provide specific NDC information, which is indicated on the drug package. The NDC indicated on the claim form must be 11 digits. An NDC with the incorrect number of digits will cause the claim to deny.

Since Synagis comes in a single dose vial, the number of units to be reported on the claim form, per recipient, is one. The claim would be subject to normal drug pricing guidelines plus a \$2.90 administration cost, which includes supplies and staff time to administer the drug.

Providers who previously submitted claims for Synagis using CPT 90379 (respiratory virus immune globulin-intravenous) or HCPCS J1565 (respiratory syncytial virus immune globulin-intravenous) must submit a paid claim adjustment request to the EDS Adjustment Unit. Providers also have the option of issuing a refund check to EDS and resubmitting the claim with the correct CPT/HCPCS code.

To All Indiana Medicaid Hospice Providers:

It has recently come to the attention of EDS that certain hospice claims incorrectly denied between January 4, and March 31, 1999. If you received error code 2026, recipient not eligible for this level of care for the dates of service and revenue code billed, and you know the nursing facility has an approved 450B and your hospice received hospice authorization from Health Care Excel (HCE) for those dates of service, then your claims were denied inappropriately. The nursing facility level of care segments for hospice recipients were incorrectly end-dated when new hospice segments were entered by HCE from January 4, to March 31, 1999. HCE is correcting the level of care segments and EDS will then mass adjust hospice claims for nursing facility room and board that were inappropriately denied. No additional work will be required on behalf of hospice providers regarding these claim adjustments. A subsequent banner message will be issued when the mass adjustment is made.

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
402 West Washington Street, MS07
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.