



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 Medicaid Hospice Providers:

- The nursing facility level of care segments that were improperly end-dated from January 4, 1999, through March 31, 1999, have been corrected. If the hospice had an approved hospice authorization form and the nursing facility had an approved 450B for the dates of service reflected on the hospice claims that denied for error code 2026, the hospice claims were denied inappropriately. Hospice claims that denied incorrectly with explanation of benefit (EOB) code 2026, *Recipient not eligible for the revenue codes billed for dates of service*, will be reprocessed. No additional work will be required of hospice providers for the reprocessed hospice claims if there are no other reasons for the hospice claim to deny or suspend. A portion of the corrected hospice claims will be reflected on the June 8, 1999, remittance advice. The remainder of the corrected claims should be reflected on the June 15, 1999, remittance advice.

To All Indiana Medicaid Providers:

- The purpose of this message is to notify providers of a change in reimbursement for HCPC Code J2790, Ultra-Filtered Syringe. In order to maintain standard reimbursement rates within the Indiana Medicaid provider community, the current NDC 00562 7807 10 will be replaced with NDC 00562 7807 05. This NDC change will also reflect a rate change. The effective date of the change is April 1, 1999. Claims submitted with this code for dates of service on or after April 1, 1999, will be systematically adjusted to the current reimbursement rate. Questions regarding this information can be directed to EDS Client Services at 1-800-577-1278, within Marion County call (317) 655-3240.
- Provider bulletin BT199910 dated April 1, 1999, identified new and deleted HCPC codes and modifiers for 1999. Modifiers AK, AL, AN, AU, AV, AW, and AY were incorrectly identified as deleted modifiers. Providers should note that modifiers AK, AL, AN, AU, AV, AW, and AY are valid and will continue to be recognized by the Indiana Medicaid Program.
- The Indiana Medicaid Drug Utilization Review (DUR) Board meeting scheduled for June 11, 1999, has been cancelled. The meeting has been rescheduled for Thursday, July 1, 1999, at 9:30 a.m. in the Conference Center, Room 4 in the Indiana State Government Center South Building.

To All Indiana Medicaid Dialysis Providers:

- The following chart clarifies the addresses that should be used when submitting claims for **dialysis or end-stage renal disease** related services.

Claim Form	Address
HCFA 1500 without Form 8A	EDS HCFA 1500 Claim P.O. Box 68769 Indianapolis, IN 46268-0769
HCFA 1500 Crossovers without Form 8A	EDS HCFA 1500 Crossovers P. O. Box 68767 Indianapolis, IN 46268-0767
UB92 Form Crossover/Outpatient without Form 8A	EDS UB92 Crossover/Inpatient/Outpatient Claims P.O. Box 68760 Indianapolis, IN 46268-0760
Any Medicaid claims with a Form 8A	EDS Provider Services Department P.O. Box 68420 Indianapolis, IN 46268-0420 Attn: Karen Sidwell

Should you have any questions regarding the submission of claims for dialysis or end-stage renal disease related services, please contact EDS Client Services at (317) 655-3240 or 1-800-577-1278.