



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 Providers:

- The purpose of this message is to notify providers of a change in reimbursement for HCPC code J2790, *Ultra-Filtered Syringe*. Currently the rate for code J2790 is set by using NDC 00562-7807-10. However, in order to maintain standard reimbursement rates within the Indiana Medicaid provider community, the current NDC 00562-7807-10 will be replaced with NDC 00562-7808-05. This NDC change will also reflect a change in the rate. The effective date of change will be April 1, 1999. Claims submitted with code J2790 for dates of service on or after April 1, 1999, will be systematically adjusted to the current reimbursement rate. Questions regarding this information may be forwarded to EDS Client Services at 1-800-577-1278 or (317) 655-3240 (Indianapolis local number).

To All Indiana Medicaid Acute Care Hospitals, Municipal-Owned Hospitals, Community Mental Health Centers and Private Psychiatric Hospitals Participating in the Indiana Medicaid Disproportionate Share Hospital (DSH) Payment and Municipal County Medicaid Shortfall Payment Programs for State Fiscal Year 1998 Only:

- In a letter dated February 17, 1999, the Office of Medicaid Policy and Planning (OMPP), through Myers & Stauffer LC, the State's hospital rate-setting contractor, informed each facility of a deadline date for filing the survey document or an audited opinion as a requirement for participation in the Disproportionate Share Hospital (DSH) and Municipal County Hospital Medicaid Shortfall Payment Programs for state fiscal year (SFY) 1998 only. In the letter, June 30, 1999, was established as the deadline for submitting the survey document or audited opinion to the Indiana Medicaid program.

However, due to the fact that the new DSH State Plan Amendment was only recently approved by the Health Care Financing Administration, the OMPP has extended the deadline to file the survey document or audited opinion. Each facility will be notified of the new deadline to submit the facility's survey document or audited opinion for participation in these Medicaid payment programs for SFY 1998.

Note: In accordance with IC 12-15-16-1(f) as a condition of this participation for SFY 1998 each facility must have an audited Medicaid cost report from the most recent common state fiscal year (SFY 1996) that was used to determine DSH eligibility for SFY 1998. If a facility does not have an audited Medicaid cost report on file that determined DSH eligibility for SFY 1998, then the facility's survey document or audited opinion will not be considered by the OMPP for SFY 1998.

If you have any questions, do not hesitate to contact Jared Duzan or Kay Spear with Myers & Stauffer at (317) 846-9521 or 1-800-877-6927 or Bill Washienko with the OMPP at (317) 233-1553.

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.