



P R O V I D E R B U L L E T I N

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To: All Dialysis Providers

Subject: Claims Processing System Changes for Renal Dialysis Billing

Overview

To ensure the proper adjudication of claims for renal dialysis providers billing revenue codes 820, 821, 830, 831, 840, 841, 849, 850, 851, and 881, the Office of Medicaid Policy and Planning (OMPP) recently updated IndianaAIM. The following system changes have been implemented:

- Previously, claims submitted with multiple units on one detail line of the claim form were cut back and paid at one unit of service for the following dialysis revenue codes: 820, 821, 830, 831, 840, 841, 849, 850, 851, and 881. This caused claims to be underpaid. The following steps have been taken to allow multiple units to be billed on one detail line:
 - Effective April 1, 2004, the system began accepting multiple units on one detail line.
 - Providers no longer need to file multiple detail lines to accommodate more than one unit of service.
 - When multiple units span over multiple days, providers must indicate the date range in the *Statement Covers Period* field. If the date range is not included in this field, the claim may deny for other edits.
 - A **mass adjustment** will be initiated on or after November 26, 2004, to pay the additional units for claims processed in April 2001 through June 2004.
- Claims submitted for revenue code 821 should be reimbursed at the rate on file for the revenue code. A review of claims history indicated that claims for revenue code 821 submitted with procedure code 90999 were inappropriately paid at 90 percent of the billed amount. The following steps have been taken to correct this problem and recoup any overpayments made to providers:
 - Effective March 13, 2003, the system was changed to pay the dialysis revenue code rate on file.
 - All outpatient services for claims filed with only one unit of service were previously mass adjusted on August 13, 2003.
 - A **mass adjustment** for claims filed with multiple units will be initiated on or after November 26, 2004, to ensure the appropriate payment based on the revenue code fee and the correct units of service.
 - All crossover claims filed with multiple units with a date of service (DOS) on or after July 1, 2002, will be **mass adjusted** on or after November 26, 2004.
 - All crossover claims billed with procedure code 90999 with a DOS on or after July 1, 2002, that were overpaid will be **mass adjusted** on or after December 15, 2004.
- Revenue code 270 (supplies), may be billed with multiple units only when the member has any of the following renal diagnoses: 584, 584.5, 584.6, 584.7, 584.8, 584.9, 585, and 586, and the service

is directly related to the dialysis service. This will be subject to post-payment review and recoupment.

Administrative Review and Appeal

The mass adjustment amounts will be reflected in the weekly remittance advice (RA). Following review of RAs containing mass adjusted claims assigned to region 56, providers who disagree with the adjustments may request an administrative review by writing to the following address:

EDS – Administrative Review
Written Correspondence
PO Box 7263
Indianapolis, IN 46207-7263

The request should include an explanation of the reason for disagreement and include copies of all pertinent supporting documentation. Refer to *Chapter 10, Section 6* of the *IHCP Provider Manual* for more information about the administrative review and appeal process.

Additional Information

Direct questions about this information to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1276.

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