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To: All Medicaid Enrolled Nursing Facilities and Intermediate Care Facilities for the Mentally Retarded (Large and Small)

Subject: Billing Procedures Regarding Form 450B Approval and Edit 1024

Overview

The purpose of this bulletin is to remind all Long Term Care (LTC) providers that they must have a State-approved Form 450B or 450B SA/DE on file in IndianaAIM for their provider number before billing for services provided to a recipient. Although providers have previously been notified of this requirement in several banner messages, the Office of Medicaid Policy and Planning (OMPP) continues to observe provider noncompliance. In an effort to clarify this requirement, this bulletin will outline the process which LTC providers must follow to prevent denial of claims.

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 a 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 LTC provider, please verify provider number and resubmit.”*

When an LTC claim denies for Edit 1024, the provider should verify the status of the recipient’s Form 450B or 450B SA/DE. If the facility has a State-approved Form 450B or 450B SA/DE for the recipient, with the correct provider number for the billing facility for the dates of service billed, the approved Form 450B or 450B SA/DE original should be resubmitted to the OMPP. Please include a cover letter requesting 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

Do not submit the Form 450B or 450B SA/DE to EDS.

If the LTC facility **does not have a State-approved Form 450B or 450B SA/DE with the correct provider number for the dates of service billed**, 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 was outlined in Medicaid Update E98-40 published in November 1998 and will be further clarified in a forthcoming provider bulletin. Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) should direct Form 450B eligibility questions to the local Bureau of Developmental Disabilities Services (BDDS) field office.

The following table is provided for quick reference to determine the appropriate procedure that LTC facilities should follow when claims have denied for Edit 1024:

Table 1 – Long Term Care Facility Procedures for Claim Denials

Reason for Denied Claim	Appropriate Procedure to Follow
The LTC facility does not have the recipient's approved Form 450B or 450B SA/DE for correct provider number for the dates of service being billed	Nursing facilities should follow established procedure for Form 450B or 450B SA/DE processing as outlined in Indiana Medicaid Update E98-40 published November 16, 1998. ICFs/MR should direct Form 450B questions to their local BDDS field office. Note: Please do not submit a duplicate Form 450B or 450B SA/DE if the form is already in process at the OMPP.
LTC facility has a State-approved Form 450B or 450B SA/DE for the recipient with the correct provider number for the dates of service being billed.	Submit the original State-approved Form 450B or 450B SA/DE to the OMPP at the address listed above with a cover letter requesting the information be data entered into the IndianaAIM system

Note: If the LTC provider has submitted the Form 450B or 450B SA/DE to the OMPP and has not received the State-approved Form back, the provider must wait until the Form 450B or 450B SA/DE has been processed by the OMPP and returned before resubmitting the claim.

To determine the status of the Form 450Bs submitted to the OMPP and to determine if a duplicate Form 450B needs to be submitted, the following action should be taken:

- *Nursing facilities should contact the OMPP receptionist at (317) 233-3558 to verify the dates of the Form 450Bs that have been processed by the OMPP.*
- *ICFs/MR should contact their local BDDS field office to ensure that the Residential Approval Form has been submitted to the OMPP in order to complete the Form 450B process.*

As previously stated, all LTC providers must have a State-approved Form 450B or 450B SA/DE on file in IndianaAIM for their provider number before billing for services provided to a recipient. Providers are not authorized to bill for services provided to a recipient until the State-approved Form 450B or 450B SA/DE has been entered into IndianaAIM and returned to the provider by the OMPP.

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