

8/5/2009 RA FOR PROVIDER TYPES 01, 05, 12, 20, 21, 22, 23, 30, 31, 36, 56, 62, 70, and 76:

REMITTANCE ADVICE NEWSLETTER REGARDING UR EDIT ISSUES:

A PAYMENT SYSTEM ERROR PREVIOUSLY REPORTED AS CORRECTED IN AN RA DATED 6/11/08 CONTINUED TO RESULT IN LINE ITEMS ON CERTAIN CLAIMS INAPPROPRIATELY PAYING AT ZERO. THE ERROR MAY HAVE IMPACTED PAYMENT FOR COVERED SERVICES WITH MAXIMUM ALLOWABLE UNIT LIMITS SPANNING MULTIPLE MONTHS (E.G., 300 UNITS EVERY 2 MONTHS) AND MULTIPLE YEARS (E.G., 1 UNIT EVERY 5 YEARS).

THE SYSTEM ERROR HAS BEEN CORRECTED FOR CLAIMS RECEIVED ON AND AFTER JULY 29, 2009.

PROVIDERS MUST SUBMIT AN ADJUSTMENT REQUEST FOR THE LINE ITEMS THAT INAPPROPRIATELY PAID AT ZERO.

BEFORE SUBMITTING AN ADJUSTMENT REQUEST FOR LINE ITEMS THAT PAID AT ZERO, IT IS IMPORTANT FOR PROVIDERS TO CONFIRM THAT A MEDICAID CONSUMER DID NOT RECEIVE THE MAXIMUM ALLOWABLE NUMBER OF UNITS FOR THE SAME ITEM/SERVICE FROM ANOTHER PROVIDER WITHIN THE SAME TIME PERIOD.

PROVIDER TYPE 70- SEE THIS ADDITIONAL MESSAGE:

STARTING 8-1-09 OTCS FOR NF RESIDENTS ARE PART OF THE NF RATE AND CANNOT BE BILLED TO MEDICAID. SEE INFORMATION AT <http://JFS.OHIO.GOV/OHP/BHPP/MEDDRUG.STM>

8/19/2009 RA FOR PROVIDER TYPES 07, 16, 38, 45, 60, 71, 72 AND 73

NEW FORM REQUIRED TO REQUEST PRIVATE DUTY NURSING
THE PRIVATE DUTY NURSING (PDN) SERVICES REQUEST FORM (JFS 02374) HAS BEEN REVISED TO ENSURE THAT ALL REQUIRED INFORMATION IS CAPTURED AND NEEDED DOCUMENTATION IS INCLUDED WHEN THE FORM IS SUBMITTED TO REQUEST PDN SERVICES. THE FORM CAN BE DOWNLOADED FROM THE ODJFS FORMS WEBSITE
<http://WWW.ODJFS.STATE.OH.US/FORMS/INTER.ASP> .

TO ENSURE CONTINUITY OF PDN SERVICES, PLEASE USE THIS FORM WHEN REQUESTING PDN SERVICES. [EFFECTIVE DATE: AUGUST 5, 2009.]