

1/4/2007 3:20 PM

Durable medical equipment providers 01, 20, 22, 35, 36, 55, 59, 62, 70, 76 and 77.

DURABLE MEDICAL EQUIPMENT PROVIDERS SHOULD REBILL CLAIMS OF NON-STERILE GLOVES (A4927) THAT WERE DENIED FOR DATES OF SERVICES ON OR AFTER 10/15/06 THAT POSTED CAS 119 OR RMK M86 (OVER THE MAXIMUM UNIT PER MONTH) . IF PARTIAL PAYMENT FOR A CLAIM WAS MADE THE PROVIDER MUST SUBMIT AN ADJUSTMENT THROUGH THE NORMAL ADJUSTMENT PROCESS. THE LIMIT FOR NON-STERILE GLOVES WAS INCREASED TO 2 BOXES OF GLOVES PER MONTH FROM 1 BOX PER MONTH WITHOUT PRIOR AUTHORIZATION EFFECTIVE 10/15/06. CLAIMS OR CLAIMS ADJUSTMENTS SHOULD BE RESUBMITTED FOR PROCESSING ON OR AFTER 1/15/07. PROVIDERS WITH ANY QUESTIONS REGARDING THIS ISSUE SHOULD CALL THE ODJFS DME HOTLINE AT 614-466-1503.

1/5/2007 7:54 AM

Additional durable medical equipment providers 21,23 and 61

DURABLE MEDICAL EQUIPMENT PROVIDERS SHOULD REBILL CLAIMS OF NON-STERILE GLOVES (A4927) THAT WERE DENIED FOR DATES OF SERVICES ON OR AFTER 10/15/06 THAT POSTED CAS 119 OR RMK M86 (OVER THE MAXIMUM UNIT PER MONTH) . IF PARTIAL PAYMENT FOR A CLAIM WAS MADE THE PROVIDER MUST SUBMIT AN ADJUSTMENT THROUGH THE NORMAL ADJUSTMENT PROCESS. THE LIMIT FOR NON-STERILE GLOVES WAS INCREASED TO 2 BOXES OF GLOVES PER MONTH FROM 1 BOX PER MONTH WITHOUT PRIOR AUTHORIZATION EFFECTIVE 10/15/06. CLAIMS OR CLAIMS ADJUSTMENTS SHOULD BE RESUBMITTED FOR PROCESSING ON OR AFTER 1/15/07. PROVIDERS WITH ANY QUESTIONS REGARDING THIS ISSUE SHOULD CALL THE ODJFS DME HOTLINE AT 614-466-1503.

1/19/2007 2:19 PM

RA to ALL Provider Types

BASED UPON REQUIREMENTS SET FORTH IN AMENDED SUBSTITUTE HOUSE BILL 66, THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) WILL IMPLEMENT THE EXPANSION OF MEDICAID MANAGED CARE FOR A SELECT PORTION OF AGED, BLIND AND DISABLED (ABD) CONSUMERS IN THE WEST CENTRAL REGION BEGINNING FEBRUARY 1, 2007. THE WEST CENTRAL REGION IS COMPRISED OF THE FOLLOWING COUNTIES: CHAMPAIGN, CLARK, DARKE, GREENE, MIAMI, MONTGOMERY, PREBLE, AND SHELBY. PRIOR TO PROVIDING SERVICES TO ABD CONSUMERS ENROLLED IN ONE OF THE MANAGED CARE PLANS (MCPS) IN THE REGION, YOU MUST CONTRACT WITH THE MCP. FOR ADDITIONAL INFORMATION ABOUT CONTRACTING, CONTACT THE MCPS PARTICIPATING IN THE WEST CENTRAL MANAGED CARE REGION DIRECTLY. (ANTHEM BLUE CROSS BLUE SHIELD PARTNERSHIP PLAN, INC. (419) 897-4711, CARESOURCE (877) 725-4577, MOLINA HEALTHCARE OF OHIO,

INC.(800) 642-4168). IF YOU SHOULD HAVE ANY FURTHER QUESTIONS REGARDING MEDICAID MANAGED CARE, PLEASE CONTACT THE BMHC AT <BMHC@ODJFS.STATE.OH.US>

1/24/2007 2:28 PM

**RA RE: MULTIPLE SURGERY BILLING/CLAIM PROCESSING
RA TO PROVIDER TYPES 20, 21, 22, & 23**

RE: MULTIPLE SURGERY BILLING/ CLAIM PROCESSING
EFFECTIVE FOR CLAIMS SUBMITTED ON AND AFTER 10/15/06, OAC RULE 5101:3-4-22, TITLED "SURGERY", CONTAINS AN APPENDIX THAT LISTS THE SURGERY CODES IN THE RANGE OF 10000- 69999 WHERE MULTIPLE SURGERY PRICING APPLIES. IT HAS COME TO OUR ATTENTION THAT SOME CLAIMS OR THE LINE(S) OF THE CLAIM WITH THE 51 MODIFIER MAY HAVE PAID AT ZERO, RATHER THAN REDUCED TO 50% OF THE MEDICAID MAXIMUM. TO RECEIVE CORRECT REIMBURSEMENT, THE PROVIDER MUST:

- A. SEND A COMPLETED 6767 CLAIM ADJUSTMENT FORM WITH THE PAID REMITTANCE ADVICE ATTACHED TO THE CLAIMS ADJUSTMENT UNIT; OR
- B. SUBMIT AN SUBMIT ELECTRONIC ADJUSTMENT.

THE DEPARTMENT SUGGESTS THAT PROVIDER DO NOT BILL MULTIPLE SURGERY CLAIMS USING THE 51 MODIFIER UNTIL THIS PAYMENT PROBLEM HAS BEEN RESOLVED. CALL PROVIDER SERVICES AT 1-800-686-1516 WITH QUESTIONS."

1/31/2007 1:15 PM

**CORRECTED RA RE: MULTIPLE SURGERY BILLING/CLAIM PROCESSING
RA TO PROVIDER TYPES 20, 21, 22 AND 23**

RE: MULTIPLE SURGERY BILLING/ CLAIM PROCESSING
EFFECTIVE FOR CLAIMS SUBMITTED ON AND AFTER 10/15/06, OAC RULE 5101:3-4-22, TITLED "SURGERY", CONTAINS AN APPENDIX THAT LISTS THE SURGERY CODES IN THE RANGE OF 10000- 69999 WHERE MULTIPLE SURGERY PRICING APPLIES. IT HAS COME TO OUR ATTENTION THAT SOME CLAIMS OR THE LINE(S) OF THE CLAIM WITH THE 51 MODIFIER MAY HAVE PAID AT ZERO, RATHER THAN REDUCED TO 50% OF THE MEDICAID MAXIMUM. TO RECEIVE CORRECT REIMBURSEMENT, THE PROVIDER MUST: A. SEND A COMPLETED 6767 CLAIM ADJUSTMENT FORM WITH THE PAID REMITTANCE ADVICE ATTACHED TO THE CLAIMS ADJUSTMENT UNIT; OR B. SUBMIT AN ELECTRONIC ADJUSTMENT. THE DEPARTMENT SUGGESTS THAT PROVIDERS DO NOT BILL MULTIPLE SURGERY CLAIMS USING THE 51 MODIFIER UNTIL THIS PAYMENT PROBLEM HAS BEEN RESOLVED. CALL PROVIDER SERVICES AT 1-800-686-1516 WITH QUESTIONS."