

11/22/ 06

Remittance Advice Newsletter for the following provider types: 01, 02, 03, 05, 07, 08, 12, 15, 16, 20, 21, 22, 23, 27, 30, 31, 35, 36, 37, 38, 39, 42, 44, 46, 47, 50, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 70, 71, 72, 73, 75, 76, 80, 81, 82, 86, 87.

WHAT IS YOUR NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER?

MAY 23RD 2007, THE DEADLINE FOR NPI IMPLEMENTATION IS QUICKLY APPROACHING. BEGINNING ON THAT DATE, THE NPI IS THE MANDATORY IDENTIFIER TO PROCESS ALL EDI CLAIMS ADJUDICATION. PLEASE BEGIN TO SHARE IT WITH US BY SUBMITTING IT AS THE PRIMARY IDENTIFIER ON YOUR 837 CLAIMS TRANSACTIONS. TO REPORT YOUR NPI NUMBER TO US WITH VERIFICATION, PLEASE FORWARD THE NPI ENUMERATOR EMAIL THAT YOU RECEIVED SHOWING YOUR NUMBER. THE EMAIL ADDRESS TO USE TO REPORT YOUR VERIFIED NPI NUMBER IS:

NPI_OHIO_MEDICAID@ODJFS.STATE.OH.US

BE SURE TO INCLUDE YOUR OHIO MEDICAID 7 DIGIT PROVIDER NUMBER WITH THE EMAIL SO WE CAN ACCURATELY UPDATE OUR FILES. IF YOU DON'T HAVE AN NPI AND ARE ELIGIBLE TO GET ONE PLEASE CONTACT THE NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM (NPPES) AT <https://NPPES.CMS.HHS.GOV>, OR CONTACT NPPES BY PHONE AT

1-800-465-3203 (TTY # 1-800-692-2326).

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November 1, 2006

RA FOR BILATERAL SURGERY BILLING/CLAIM PROCESSING

PROVIDER TYPES 20, 21, 22, 23 PHYSICIANS; 07, 57, 71, 72, 73, 65 - APN'S; 36 & 62 PODIATRISTS

RE: BILATERAL SURGERY BILLING/ CLAIM PROCESSING EFFECTIVE FOR CLAIMS SUBMITTED ON AND AFTER 10/15/06, OAC RULE 5101:3-4-22, "SURGERY", CONTAINS AN APPENDIX THAT LISTS THE SURGERY CODES IN THE RANGE OF 10000- 69999 WHERE BILATERAL PRICING APPLIES. FOR CODES THAT ARE CONSIDERED BILATERAL AND MARKED WITH AN X UNDER THE COLUMN BILATERAL, PROVIDERS MUST BILL USING THE CODE MODIFIED BY A 50. REIMBURSEMENT FOR BILATERAL PROCEDURES IS 150% OF THE MEDICAID MAXIMUM WHEN THE CODE IS BILLED WITH THE 50 MODIFIER. IF THE CODE IS BILLED UNMODIFIED, THE DEPARTMENT WILL NOT REIMBURSE FOR THE CODE AS A BILATERAL PROCEDURE. IF A BILATERAL SURGERY CLAIM HAS BEEN BILLED INAPPROPRIATELY, TO RECEIVE REIMBURSEMENT THE PROVIDER:

A. MUST SEND A COMPLETED 6768 CLAIM REVERSAL FORM TO REVERSE THE ORIGINAL CLAIM TRANSACTION.

B. MUST RE-BILL FOR THE BILATERAL SURGERY ON ONE CLAIM LINE WITH THE 50 MODIFIER FOLLOWING RULE 5101:3-4-22.

DO NOT SUBMIT THE NEW CLAIM UNTIL AFTER THE REVERSAL TRANSACTION HAS BEEN PROCESSED. WAIT UNTIL AFTER THE REVERSAL TRANSACTION HAS BEEN PROCESSED AND HISTORY WEEKEND BEFORE RESUBMITTING. CALL PROVIDER NETWORK MANAGEMENT AT 1-800-686-1516 WITH QUESTIONS."

November 15, 2006
RA Notice 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 COVERED FAMILIES AND CHILDREN (CFC) CONSUMERS IN THE CENTRAL REGION BEGINNING DECEMBER 1, 2006. THE CENTRAL REGION IS COMPRISED OF THE FOLLOWING COUNTIES: CRAWFORD, DELAWARE, FAIRFIELD, FAYETTE, FRANKLIN, HOCKING, KNOX, LICKING, LOGAN, MADISON, MARION, MORROW, PERRY, PICKAWAY, PIKE, ROSS, SCIOTO AND UNION. PRIOR TO PROVIDING SERVICES TO CFC 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 CENTRAL MANAGED CARE REGION DIRECTLY. (ANTHEM BLUE CROSS BLUE SHIELD PARTNERSHIP PLAN (866) 268-1473, CARESOURCE (877) 725-4577, MOLINA HEALTHCARE OF OHIO, INC. (800) 642-4168. IF YOU SHOULD HAVE ANY FURTHER QUESTIONS REGARDING MEDICAID MANAGED CARE ENROLLMENT, PLEASE CONTACT THE BMHC AT <BMHC@ODJFS.STATE.OH.US>

November 29, 2006
RA Provider Types 01 & 02

"THIS REMITTANCE ADVICE MAY CONTAIN ADJUSTED INPATIENT CLAIMS WITH DATE OF DISCHARGE FROM JANUARY 2006 THROUGH SEPTEMBER 2006. CLAIMS WERE ADJUSTED TO ACCOUNT FOR THE REINSTATEMENT OF DAY OUTLIER PAYMENTS EFFECTIVE FOR DATES OF DISCHARGE ON OR AFTER JANUARY 1, 2006."