

8/9/2006

RA to Ohio Home Care Providers - Types 16-17-18-38-45-60

THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) RECENTLY MADE MANY RULE CHANGES AS PART OF THE REDESIGN OF THE OHIO HOME CARE PROGRAM THE RULE CHANGES WERE EFFECTIVE JULY 1, 2006 AND WERE ISSUED AS PART OF COMMUNITY SERVICES TRANSMITTAL LETTERS (CSTLS) NO. 06-01 AND NO. 06-02. COPIES OF THESE CSTLS AND ALL OF THE RULE CHANGES THEREIN CAN BE ACCESSED AT <http://EMANUALS.ODJFS.STATE.OH.US/EMANUALS>. FROM THE ODJFS EMANUALS HOME PAGE, CLICK ON "OHIO HEALTH PLANS - PROVIDER" THEN CLICK ON "OHIO HOME CARE" TO VIEW THESE CSTLS.

8/23/2006

RA for provider types 20, 21, 22 and 23

" RE: MASS ADJUSTMENT FOR CLAIMS WITH CODE 90761: THE DEPARTMENT WISHES TO ANNOUNCE THAT THERE WILL BE A MASS ADJUSTMENT RELATIVE TO CLAIMS BILLED WITH DATES OF SERVICE JANUARY 1, 2006 THROUGH JULY 31, 2006 FOR CUT CODE 90761. PHYSICIANS' OFFICES THAT HAVE RECEIVED DENIALS OR INAPPROPRIATE CLAIM PAYMENTS FOR CODE 90761 WILL BE SEEING TWO ADJUSTED CLAIMS PAYMENTS. ONE ADJUSTED CLAIM WILL TAKE BACK THE AMOUNT OF THE ORIGINAL CLAIM. THE SECOND ADJUSTED CLAIM BEGINNING WITH THE NUMBER "4" WILL REPAY THE FULL AMOUNT INCLUDING THE CORRECT AMOUNT FOR CODE 90761. THIS ADJUSTMENT SHOULD HAPPEN IN THE PAYMENT CYCLE ON AUGUST 16TH. SHOULD YOU HAVE QUESTIONS, PLEASE CALL PROVIDER NETWORK MANAGEMENT AT 800-686-1516."

8/23/2006

RA to Provider Types 01, 36, 44, 59, 62, 70 & 76

MIC-KEY SETS (B9998)

THIS RA IS TO CLARIFY CODING, REIMBURSEMENT AND PA SUBMISSIONS FOR MIC-KEY SETS (B9998) WITHIN PROGRAM LIMITS FOR A MISCELLANEOUS HCPCS CODE. PROVIDERS SHOULD SUBMIT PA REQUESTS FOR THE NUMBER OF MEDICALLY NECESSARY MIC-KEY KITS AND EXTENSION SETS. THE APPROVED PA AMOUNT WILL BE BASED ON THE TYPICAL ALLOWABLE MAX OF UP TO 12 UNITS FOR 12 MONTHS. A 12UNIT/12MONTH AUTHORIZATION WILL BE BASED ON PROVIDER INVOICE FOR UP TO 8 EXTENSION SETS AND UP TO 4 MIC-KEY KITS PER YEAR. THE ALLOWABLE FOR REQUESTS FOR LESS THAN A 12 MONTH PERIOD WILL BE DETERMINED BASED ON THIS TYPICAL 12 MONTH AUTHORIZATION. REQUESTS FOR FERRELL VALVES SHOULD BE SUBMITTED ON THE SAME PA AND THE ALLOWABLE WILL BE BASED ON A MONTHLY BASIS. PROVIDERS SHOULD BILL THE AUTHORIZED PER UNIT ALLOWABLE ON A MONTHLY BASIS. PA REQUESTS PREVIOUSLY RETURNED SHOULD BE RESUBMITTED WITH ALL ORIGINAL PA DOCUMENTS INCLUDING PA LETTER. PROVIDERS SHOULD INDICATE THAT THE REQUEST IS A RESUBMIT.

8/23/2006

RA Notice to Provider Types 7, 16, 17, 18, 38, 60, 65, 71 and 72

HOME CARE PROVIDERS HAD LINE ITEMS DENY WITH THE REASON THAT THE NUMBER OF UNITS BILLED EXCEEDED THE WEEKLY ALLOWED AMOUNT FOR HOME HEALTH AND PRIVATE DUTY NURSING SERVICE PROCEDURE CODES. ODJFS DISCOVERED THAT THE CALCULATION FOR A WEEK WAS NOT WORKING. THE ISSUE WAS CORRECTED ON AUGUST 8, 2006. HOME CARE PROVIDERS HAD THE FIRST VISIT (LINE ITEM) OR ONLY VISIT (LINE ITEM) FOR A DATE OF SERVICE DENY WITH THE REASON THAT A MODIFIER WAS REQUIRED. SINCE A MODIFIER IS NOT REQUIRED ODJFS WILL HAVE THIS ISSUE CORRECTED BY SEPTEMBER 1, 2006. PROVIDERS NEED TO RESUBMIT USING THE JFS 06767 ADJUSTMENT REQUEST FORM.