

February, 2008

2/13/2008

RA to all providers

ATTENTION MEDICARE CROSSOVER PROVIDERS: ON MARCH 1, 2008 MEDICARE WILL NO LONGER REQUIRE THE MEDICARE LEGACY NUMBER ON CLAIMS IF PROVIDERS HAVE SUCCESSFULLY TESTED THEIR NPI/MEDICARE LEGACY MATCH WITH MEDICARE. THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES, HOWEVER, WILL CONTINUE TO USE THE MEDICARE LEGACY NUMBER TO CROSSWALK TO THE MEDICAID LEGACY NUMBER FOR THE ADJUDICATION OF CROSSOVER CLAIMS. IN ORDER TO ASSURE THAT YOUR CLAIMS ARE PROCESSED WHEN CROSSING OVER FROM MEDICARE BEGINNING ON AND AFTER MARCH 1, 2008, PLEASE CONTINUE TO SUBMIT YOUR MEDICARE LEGACY NUMBER THAT ODJFS MATCHES TO THE APPROPRIATE NPI IN THE BILLING OR PAY-TO (PRIMARY PROVIDER) FIELD ON ELECTRONIC CLAIMS SUBMISSIONS TO MEDICARE. PROVIDING BOTH NUMBERS IS REQUIRED TO ENSURE APPROPRIATE PROCESSING OF CROSSOVER CLAIMS.

2/20/2008

Corrected RA to ALL TYPICAL PROVIDERS

ALL NPI TYPICAL PROVIDERS WHO SUBMIT PROFESSIONAL (837P) EDI CLAIMS TO ODJFS: TO ASSURE COMPLIANCE WITH NPI, AS OF 3/15/08, ODJFS WILL DENY CLAIMS WHEN THE NPI AND MEDICAID LEGACY NUMBERS IN THE PAY-TO PROVIDER FIELD ON THE 837P DO NOT MATCH THE NPI AND MEDICAID LEGACY NUMBERS IN THE ODJFS NPI CROSSWALK.

ATTENTION MEDICARE CROSSOVER PROVIDERS:
ON 3/1/08 MEDICARE WILL NO LONGER REQUIRE THE MEDICARE LEGACY NUMBER ON CLAIMS IF PROVIDERS HAVE SUCCESSFULLY TESTED THEIR NPI/MEDICARE LEGACY MATCH WITH MEDICARE. ODJFS, HOWEVER, WILL CONTINUE TO USE THE MEDICARE LEGACY NUMBER TO CROSSWALK TO THE MEDICAID LEGACY NUMBER FOR THE ADJUDICATION OF CROSSOVER CLAIMS. TO ASSURE THAT YOUR CLAIMS ARE PROCESSED WHEN CROSSING OVER FROM MEDICARE BEGINNING ON AND AFTER 3/1/08, PLEASE CONTINUE TO SUBMIT YOUR MEDICARE LEGACY NUMBER THAT ODJFS MATCHES TO THE APPROPRIATE NPI IN THE BILLING OR PAY-TO FIELD ON ELECTRONIC CLAIMS SUBMISSIONS TO MEDICARE. PROVIDING BOTH NUMBERS IS REQUIRED TO ENSURE APPROPRIATE PROCESSING OF CROSSOVER CLAIMS.

2/13/2008

RA message about laboratory services

For provider types: 01, 04, 05, 07, 09, 20, 21, 22, 23, 36, 46, 50, 51, 52, 53, 54, 57, 58, 59, 62, 65, 71, 72, 73, 77, 79, 80, 81, and 99.

SINCE JANUARY 1, 2008, SEVERAL CHANGES HAVE BEEN MADE TO THE COVERAGE FOR LABORATORY SERVICES:

- (1) CPT CODE 36540 HAS BEEN DISCONTINUED.
- (2) CPT CODES 36591 AND 36592 HAVE BEEN ADDED AND ARE COVERED.
- (3) CPT CODES 80047, 82610, 83993, 84704, 86356, 87500, AND 87809 HAVE BEEN ADDED AND ARE CURRENTLY REIMBURSED "BY REPORT."

AS OF APRIL 1, 2008, MEDICAID MAXIMUM REIMBURSEMENT AMOUNTS FOR THESE PROCEDURES WILL BE ESTABLISHED ON THE FEE SCHEDULE.

2/13/2008

RA for provider type 70

FOR MORE INFORMATION ABOUT THE PHARMACY PROGRAM VISIT THE WEBSITE
@ <http://JFS.OHIO.GOV/OHP/BHPP/MEDDRUG.STM> OR FOR DRUG SPECIFIC INFO
SEE <http://MEDLIST.OHIO.GOV>

ASMANEX TWISTHALERS, WHICH HAVE BEEN BILLABLE BY "EACH" INHALER SHOULD BE BILLED AS 0.24 GRAMS PER INHALER BEGINNING WITH CLAIMS SUBMITTED ON TUESDAY, FEBRUARY 26, 2008. ALSO ON FEBRUARY 26, NEW QUANTITY PER DAY LIMITS WILL BE ENFORCED FOR SELECTED DRUGS. A MESSAGE INDICATING THE MAXIMUM QUANTITY PER DAY WILL BE RETURNED WITH DENIED CLAIMS. PLEASE BE SURE YOUR PROVIDER SOFTWARE CAN RETURN NCPDP FIELDS 504-F4 (MESSAGE) AND 526-FQ (ADDITIONAL MESSAGE INFORMATION) SO YOU CAN VIEW THIS INFORMATION. PRESCRIBERS MAY REQUEST PA TO EXCEED THESE LIMITS.

2/27/2008

RA to All Provider Types

ANTHEM WILL NO LONGER SERVE CFC CONSUMERS IN OHIO BEGINNING APRIL 1, 2008, ANTHEM BLUE CROSS BLUE SHIELD PARTNERSHIP PLAN, INC. (ANTHEM) WILL NO LONGER SERVE THE COVERED FAMILIES AND CHILDREN (CFC) MEDICAID CONSUMERS IN OHIO. ANTHEM WILL, HOWEVER, CONTINUE TO SERVE THE AGED, BLIND, OR DISABLED (ABD) MEDICAID MEMBERS IN OHIO WITH NO INTERRUPTION. ALL ANTHEM CFC MEMBERS WILL RECEIVE A NOTICE FROM THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) TELLING THEM TO CHOOSE ANOTHER MCP AVAILABLE IN THEIR SERVICE AREA. BY NO LATER THAN APRIL 1, 2008, ANTHEM MEMBERS THAT ARE TRANSFERRING TO A NEW MCP WILL RECEIVE A NEW MCP ID CARD, MEMBER HANDBOOK, AND PROVIDER DIRECTORY. EFFECTIVE APRIL 1, 2008, MEMBERS SHOULD SHOW THEIR NEW MCP ID CARD TO RECEIVE HEALTH CARE SERVICES. ALL CLAIMS FOR DATES OF SERVICE PRIOR TO 11:59 PM ON MARCH 31, 2008 SHOULD BE SUBMITTED TO ANTHEM FOR ADJUDICATION. ALL CLAIMS FOR DATES OF SERVICE ON OR AFTER APRIL 1, 2008 SHOULD BE SUBMITTED TO THE NEW MCP.