

February, 2006

2/1/2006

RA for Provider Types 82 & 83 — Ambulance & Ambulette

THIS REMITTANCE ADVICE IS TO REMIND PROVIDERS OF AMBULANCE AND AMBULETTE SERVICES THAT THEY MUST OPERATE IN ACCORDANCE WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS INCLUDING ANY APPLICABLE REQUIREMENTS DEVELOPED BY THE OHIO MEDICAL TRANSPORTATION BOARD AS DESCRIBED IN CHAPTER 4766. OF THE REVISED CODE. THIS MEANS THAT PROVIDERS OF AMBULANCE AND AMBULETTE SERVICES MUST COMPLY WITH LICENSURE. PROVIDERS OF AMBULETTE SERVICES ARE REQUIRED TO BE LICENSED UNLESS THEY QUALIFY FOR EXEMPTION. THE DEPARTMENT, WORKING WITH THE OHIO MEDICAL TRANSPORTATION BOARD, IS TERMINATING THE PROVIDER AGREEMENTS OF AMBULETTE PROVIDERS WHO ARE REQUIRED TO BE LICENSED BUT ARE NOT. SERVICES PROVIDED BY AMBULETTES THAT REQUIRE LICENSURE BUT ARE NOT LICENSED ARE NOT REIMBURSABLE. CONTACT THE LICENSURE BOARD AT 1-866-392-6252 IF YOU HAVE QUESTIONS ABOUT LICENSURE OR APPLICABLE EXEMPTIONS.

2/1/2006

Revised RA newsletter for ambulette only Provider type 83 only

This remittance advice is to remind providers of ambulette services (COS 38) that they must operate in accordance with all applicable local, state, and federal laws and regulations including any applicable requirements developed by the Ohio Medical Transportation Board as described in Chapter 4766. of the Revised Code. This means that providers of ambulette services must comply with licensure. Providers of ambulette services are required to be licensed unless they qualify for exemption. The department, working with the Ohio Medical Transportation Board, is terminating the provider agreements of ambulettes that do not comply with the licensure process as being implemented by the Ohio Medical Transportation Board. Contact the Licensure Board at 1-866-392-6252 if you have questions about the licensure or applicable exemptions.

2/8/2006

RA for Provider types 20, 22, 27, 30, 35, 36, 37, 38, 39, 42, 71, 72, 73, 75

According to Federal Regulations (45 CFR § 162.410), and effective May 23, 2007, health care providers will be required to use a National Provider Identifier (NPI) in the filing and processing of electronic and paper health care claims and other EDI transactions. This applies to all individuals and organizations that meet the HIPAA definition of a "health care provider" (45 CFR § 160.103). In May 2005, the Centers for Medicare and Medicaid Services (CMS) began accepting applications from providers for their NPI through the National Plan and Provider Enumeration System (NPPES). The Ohio Department of Job and Family Services will continue to require providers to use their seven-digit Medicaid ID number for claims adjudication until the May 23, 2007 deadline date. However, eligible health care providers are strongly encouraged to obtain their NPI as soon as possible. Application for the National Provider Identifier can be made online through the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov>., or contact NPPES by phone at 1-800-465-3203 (1-800-692-2326 (TTY)).

2/8/2006

RA message to Physicians and clinics

Physician types 20, 21, 22, & 23

Clinic types 04, 05, 12, 50, & 52

"The Department wishes to announce to physicians that codes J7317 and J7320 have been reactivated and are covered services retroactive to 1/1/06. Initially, these codes were discontinued because they were listed as deleted effective 12/31/05 on CMS's web site in November . However, Palmetto, the Medicare intermediary, has confirmed that the initial CMS instructions were in error. Palmetto posted a correction on their web site. Therefore, adjustments have been made to our payment file retroactive to 1/1/06 to show that these codes are covered services. If you received a claim denial, please resubmit your claim to the Department for payment. Thank you."

2/8/2006

RA for Hospital Providers only 01

On February 6, 2006, ODJFS completed a mass adjustment of approximately 2,500 Inpatient Hospital Medicare Part A Crossover Claims that were incorrectly paid between 12/19/05 and 1/10/06. Please note that the majority of Inpatient Hospital Medicare Part A Crossover Claims paid during this time paid correctly, so you will only see a payment difference for the 2,500 claims that were originally overpaid. Please contact ODJFS if you have additional questions.

2/15/2006

RA message to provider type 59-dialysis clinics

All claims with the new J codes for epoetin (J0886 or J0882) for dates of service on and after 1/1/06 submitted to the Department from 1/1/06 to the present have been incorrectly processed. The line(s) of the claim with the J code are denying with the 249 edit "invalid procedure code for bill type 721-dialysis clinics". Please do not submit an adjusted claim. The Department will be conducting a mass adjustment of any claims denying for the 249 edit. The mass adjustment should occur no later than 3/30/06. When the mass adjustment occurs, the provider's remittance advice will show the claim's adjustments. The first digit of the TCN of the adjusted claims will be a 4. We apologize for this error.

2/23/2006

RA newsletter Provider Type 76 DME Category of Service 32

EFFECTIVE SEPTEMBER 16, 2005 DME/HME PROVIDERS OF CERTAIN EQUIPMENT WERE REQUIRED TO BE LICENSED OR REGISTERED BY THE OHIO RESPIRATORY CARE BOARD. OHIO MEDICAID PROVIDERS ARE REQUIRED TO COMPLY WITH ALL STATE STATUTES AND OHIO ADMINISTRATIVE CODE RULES. LICENSURE OR REGISTRATION IS REQUIRED FOR OHIO DME/HME PROVIDERS OF LIFE SUSTAINING AND TECHNOLOGICALLY SOPHISTICATED EQUIPMENT AND OTHER EQUIPMENT SUCH AS ELECTRIC WHEELCHAIRS, CUSTOM SEATING AND PULSE OXIMETERS. INCLUDED IN THESE CATEGORIES OF EQUIPMENT REQUIRING LICENSURE OR REGISTRATION ARE VENTILATORS, OXYGEN SYSTEMS INCLUDING CONCENTRATORS, INFUSION AND FEEDING PUMPS AND CPAPS. PROVIDERS CAN CONTACT THE OHIO RESPIRATORY CARE BOARD TO LEARN MORE ABOUT THE LICENSURE/REGISTRATION REQUIREMENT AT www.RESPIRATORYCARE.OHIO.GOV OR BY CALLING 614-644-4732.

2/23/2006

RA to All Providers Regarding PERM

Ohio has been selected to be one of the first States in the nation to participate in the Centers for Medicare and Medicaid Services' (CMS) mandatory Payment Error Rate Measurement (PERM) program to measure the accuracy of Medicaid payments. The Ohio Department of Job and Family Services (ODJFS) estimates that twelve hundred (1200) providers will be selected for the audit to determine Ohio's payment accuracy rate.

If a provider is required to participate in the PERM audit, ODJFS will contact them in writing to inform them of both their selection and the information they will be required to submit. For additional information, visit either of the following sites:

www.cms-perm.org or <http://jfs.ohio.gov/OHP/providers/perm.stm>