

**ATTENTION OUT-OF-STATE HOSPITALS: INPATIENT CLAIMS ADJUSTMENT MAY BE NEEDED**

As you know, beginning with discharge dates on and after December 1, 2009 the New York State Medicaid Program pays for inpatient services on a Diagnosis Related Group (DRG) basis. DRG rates were added to the enrollment files of appropriate out-of-state hospitals in February 2010 with an effective date of December 1, 2009.

Inpatient claims paid with a rate code other than 2953 for a discharge date of December 1, 2009 or later must be adjusted to rate code 2953 for the acute care period. Rate codes 2950 or 2951 should be billed if the patient's status changed from acute to alternate level of care (ALC).

Obsolete rate codes will be terminated on June 1, 2010. Claims not adjusted before this occurs will find their Medicaid payments recovered. Therefore, please adjust your claims to the appropriate rate code(s) (2953, 2950, 2951) prior to June 1, 2010.

**PLEASE NOTE:** If your payment is recovered before your adjustment is processed, adjust your claim (paid \$0) to the appropriate rate code(s) to receive your new payment.

Billing questions should be addressed to Medicaid's fiscal agent, Computer Sciences Corporation, at 1-800-343-9000.