



# NETWORK *Notification*

**Notice Date:** May 15, 2024  
**To:** Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Billing Hospice Reminder

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## Summary

CareSource would like to remind Hospice providers (provider type 06, specialty 060) that for Indiana Medicaid claims containing Revenue Codes 0650 or 0658 to be accurately adjudicated for payment, the nursing facility name should be populated in Field 80 - Remarks.

## Impact

Claims submitted without this information may result in claim payment shortfall or denial. Additional information about the submission requirements can be found in the [Indiana Health Coverage Programs Provider Reference Module for Hospice Services](#).

## Questions

For more information, please call Health Partner Services at **1-844-607-2831**, available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET).

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OMPP Approved: 05/15/2024