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To All Indiana Health Coverage Programs Providers:

- Due to recent changes to the IndianaAIM system, claims subject to the multichannel lab bundling logic that previously denied for *explanation of benefits (EOB) code 508, Net Charge Out of Balance*, may be resubmitted for processing. Denial of these claims began in 1996.

Effective October 4, 1999, providers can resubmit unpaid claims affected by the multichannel lab bundling logic. Claims denied for *EOB code 508* that are **not past** the one-year filing limit should be submitted with individual lab codes to the appropriate EDS post office box and should be eligible for payment.

Providers should send copies of claims with multichannel lab tests that are **past** the one-year filing limit that have denied for *EOB code 508* with a copy of this banner information to the following address for proper claim adjudication:

EDS Written Inquiry Unit
P.O. Box 68420
Indianapolis, IN 46268

*Note: The deadline for resubmission of multichannel lab claims that previously denied for EOB code 508 is **March 1, 2000**. Please ensure the claims that are resubmitted do not contain errors that will result in claim denial for other reasons. Do not submit claims that were denied for other reasons to the EDS Written Inquiry Unit.*

- Lab claims that are subject to lab panels with a date of service January 1, 1998, or after must be billed with the appropriate lab test panel code. These claims should be submitted to the EDS Written Inquiry Unit at the address listed above in order to waive the filing limit, if applicable. In the event all lab tests included in the panel are not performed, providers must bill the lab tests performed using the appropriate individual lab codes. More information regarding lab services will be included in future banner information and bulletins.

To All Indiana Health Coverage Programs Physicians, Nurse Practitioners, Dentists, Pharmacies, Psychologists, and Clinics:

- Subsequent to the release of bulletin BT199933, *Implementation of Smoking Cessation Treatment Services*, the Indiana Health Coverage Programs received a question regarding whether a prescription for smoking cessation drugs requires an order for related smoking cessation counseling services. Some of the text in the bulletin was perceived as being ambiguous. This is to advise you that smoking cessation counseling services must be ordered to be reimbursed by the Indiana Health Coverage Programs. Practitioners should order smoking cessation services and should maintain documentation regarding the order in the

same manner used for other covered services. In summary, to be reimbursed by the Indiana Health Coverage Programs, smoking cessation drugs must be prescribed and smoking cessation counseling services must be ordered.

To All Indiana Health Coverage Programs Pharmacy Providers:

- The following labeler was terminated from the rebate program effective October 1, 1999:
 - Komax Pharmaceuticals, Inc. (Labeler Code 62431)
- The following labeler will be terminated from the rebate program effective January 1, 2000:
 - Care Technologies, Inc. (Labeler Code 62653)

To All Indiana Health Coverage Programs Dentists and Dental Clinics:

- In bulletin E98-03 dated January 16, 1998, page 9 addresses the policy for general anesthesia provided in a dental office. General anesthesia, which is billed using codes D9220 for the first 30 minutes and D9221 for each additional 15 minutes, is only a covered service in a dentist's office for individuals under 21 years old. However, the fee schedule attached to that bulletin and the fee schedule that was updated in May 1998 does not indicate that codes D9220 and D9221 are only covered codes for individuals under 21 years old. Please make note of this on any Indiana Health Coverage Programs (IHCP) dental fee schedules in your office as a reminder that codes D9220 and D9221 are only reimbursable for individuals under 21 years old.

General anesthesia for adults is reimbursable in a hospital (inpatient or outpatient) or in an ambulatory surgical center. Intravenous (IV) sedation and nitrous oxide analgesia are available to all IHCP-enrolled individuals regardless of age. Documentation for general anesthesia (adults or children) should include why the individual cannot receive necessary dental services unless general anesthesia is administered. These records must be retained in the recipient file for at least three years. For example, a patient may be unable to cooperate with the dentist due to physical or mental disabilities.

In addition, the code for sealants, D1351, is only a covered service for individuals under 21 years old. Please make note of this change on any IHCP dental fee schedules in your office. Specific restrictions for all dental services are provided in *405 IAC 5-14, Medicaid Covered Services and Limitations Rule*.

Have you seen the Indiana Medicaid Web site, www.indianamedicaid.com? Look for the new Indiana Health Coverage Programs Provider Manual and the results of the recent Baseline Provider Satisfaction Survey on the Web site. This Web site can also be used to retrieve banner pages and bulletins.