

January 27, 1998

To: All Indiana Medicaid Pharmacy Providers

This is to inform all Indiana Medicaid Pharmacy Providers that there has been an issue with NDC/HRI/UPC's being priced inconsistently or denied unnecessarily. This problem was a result of NDC/HRI/UPC's being reused by the manufacturer. A code can be reused to represent a different product after being obsolete for three years. However, Indiana currently maintains the old pricing for the reused or duplicate products. A system change will be implemented to price drug claims and compound drug claims with the most current pricing based on the date of service for reused/duplicate codes received on or after January 16, 1998. As a part of the system change, a new edit, 4213, has been added to suspend paper claims to verify the code was keyed correctly. With this edit, electronic, POS and adjustment claims will systematically deny when submitted with codes that have been identified as invalid based upon the above criteria. If the claim denies, the provider should verify that the proper code was submitted on the claim. If you have identified claims that have paid inconsistently as a result of this problem, please submit an adjustment. If you have further questions, you may contact the Provider Assistance Unit at 1-800-577-1278 or locally at (317) 655-3240.

To: All Indiana Medicaid Pharmacy Providers

This is to notify all Pharmacy Providers of a change to the Medicaid Drug Federal Upper Limit (FUL). The change was effective December 9, 1997. The following products have been deleted from the Medicaid FUL:

Disopyramide Phosphate

Eq. 100 mg. base., Capsule, Oral 100

Eq. 150 mg. base , Capsule, Oral 100

This is to notify all Pharmacy Providers of a change to four drugs that were incorrectly categorized as DESI or LTE (less than effective). The following NDC's were marked as DESI drugs and may have failed EDIT 4003 from 10/01/97 to 10/09/97. The drugs are covered. EDS will reprocess the claims with these NDC's:

60505-0025-04	Ranitidine 150 MG Tablets
60505-0025-08	Ranitidine 150 MG Tablets
60505-0026-02	Ranitidine 300 MG Tablets
60505-0026-07	Ranitidine 300 MG Tablets

The following labelers have entered into drug rebate agreements and are joining the rebate program effective 1/1/98:

Sanofi Pharmaceuticals, Inc. (Labeler Code 08024); Bristol-Myers Squibb/Sanofi Pharmaceuticals (Labeler Code 63653); and PathoGenesis Corporation (Labeler Code 63430).

To: All Indiana Medicaid Pharmacy Providers

This is to notify all Pharmacy Providers of a change to the Medicaid Drug Federal Upper Limit (FUL). The change was effective January 15, 1998.

The following product has been deleted from the Medicaid FUL due to the drug no longer being available in the marketplace:

Tolazamide

100mg, Tablet, Oral 100

To: All Indiana Medicaid Providers

During the months of November and December 1997, invalid internal control numbers (ICN) were assigned to approximately 2,500 claims. To correct this processing error a systematic reprocessing occurred for all claims that were denied for edit 0506 (Billed date is after the ICN date). All effected claims have been systematically reprocessed and are reflected on this weeks remittance advice statement.

To: All Indiana Medicaid certified Nursing Facilities and Intermediate Care Facilities (large and small)

Effective January 9, 1998, the IndianaAIM system will utilize the patient status code from the UB92 claim form STAT code box to close out the recipient level of care segment for selected discharge status codes. This code must indicate the status of the resident as of the ending service date of the period covered on the LTC claim. IndianaAIM will close out the recipient level of care segment for a recipient whose claim has one of the following Patient Status Codes: 01, 02, 05, 06, 07, 08 or 20. It is imperative that the NF or ICF/MR provider submit the correct patient status code. *Caution: If you are filing a claim for a resident on either hospital or therapeutic bedhold, DO NOT use a discharge status code on the claim form. The discharge status code will close the Recipient Level of Care segment and all future claims will deny for edit 2008, "Recipient ineligible for level of care billed".*

For any questions, please contact the EDS Long Term Care Review unit at (317) 488-5099.

To: All Indiana Medicaid Acute Care Hospitals

Since the advent of the DRG reimbursement system on November 4, 1994, the Office of Medicaid Policy and Planning has not required attestation statements from inpatient medical records. Therefore, retrospective audits of inpatient medical records will not include a review of these signed physician statements.