

February 3, 1998

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.

To: All Indiana Medicaid Dental Providers

Dental claims with ADA codes of 02140, Amalgam - one surface, permanent and 02150, Amalgam - two surfaces, permanent were erroneously denied due to incorrect age restrictions on the reference file for individuals 21 years of age and over. The reference file was updated on 1/5/98. Claims with these codes that have denied with EOB 4034 will be systematically reprocessed. Further, the rate for ADA code 02161, Amalgam -four or more surfaces, was incorrectly priced at \$32.84 and has been corrected to \$46.46. This rate was effective 9-1-97. Claims that were incorrectly paid have just completed the mass adjustment. Please review upcoming remittance advice statements and banner pages for additional information.

To: All Indiana Medicaid Pharmacy Providers

The following labelers have entered into drug rebate agreements and are joining the rebate program effective January 1, 1998: Sanofi Pharmaceuticals, Inc. (Labeler Code 08024); PathoGenesis Corporation (Labeler 63430); and Bristol-Myers Squibb/Sanofi Pharmaceuticals (Labeler Code 63653).