

February 24, 1998

**To: All Indiana Medicaid Providers**

Claims with codes 96105 and 96111 were mass adjusted and reflected in remittance advice notices on 1/20/98 and 1/27/98. These claims were incorrectly subjected to the site-of-service differential and were underpaid when billed prior to 6/26/97 using "outpatient" as the place of service. Since the reference file was corrected 6/26/97, claims with these codes should be correctly paid with the rate of \$46.45 for each code.

**To: All Indiana Medicaid Providers using the HCFA 1500**

As has been acknowledged previously, EDS is experiencing a problem with Edit 0509 - Net Charge Out of Balance. This edit is generating CCF's when the Resolutions Analyst adds the spenddown amount shown on the 8A to the claim, recalculating the net charges when this update is made, thereby generating a CCF showing the net charge out of balance even though it is correct. EDS is actively pursuing a correction to this issue and will notify providers when it is corrected. In the interim, providers may include the amount of spenddown to be deducted in Box 29 of the HCFA 1500 and adjust the net amount due accordingly. If this is done, EDS personnel will not have to update the claim with spenddown information and the CCF will not be generated. EDS IS OFFERING THIS AS AN INTERIM SOLUTION TO PROVIDERS TO EASE THE PROBLEMS CAUSED BY THIS EDIT. WHEN THE EDIT IS CORRECTED, PROVIDERS WILL BE NOTIFIED AND WILL NO LONGER NEED TO INCLUDE SPENDDOWN IN BOX 29.

**To: All Indiana Medicaid Pharmacy Providers**

This is to notify all pharmacy providers of a situation that occurred on some pharmacy claims with dates of service January 19, 20 and 21, 1998. Pharmacy claims submitted with NDC 99999-9999-11 denied inappropriately for edit 4213, (This NDC/HRI/UPC code submitted has been re-used for a different product. Please validate NDC/HRI/UPC code.) **These claims can be resubmitted for payment.** Please note that only those claims with NDC 99999-9999-11 denied inappropriately. If claims with other NDCs denied for edit 4213, these are true denials and those claims should not be resubmitted with the same NDC. If there are further questions, Please contact the POS/ProDUR Help Desk at (317) 488-5069.

The following labelers have entered into drug rebate agreements and are joining the rebate program effective 4/1/98:

Unigen Pharmaceuticals, Inc. (Labeler Code 62305); Radford Therapeutics (Labeler Code 63252); American Pharmaceutical Partners (Labeler Code 63323); DEQUUS Pharmaceuticals, Inc. (Labeler Code 60809) and Endo Pharmaceuticals, Inc. (Labeler Code 63481).

The following labelers are being voluntarily terminated from the rebate program effective 4/1/98:

Hall Laboratories (Labeler Code 00417); Perry Medical Products (Labeler Code 11763); Bradley Pharmaceuticals, Inc. (Labeler Code 49729); The Biopractic Group II, Inc. (Labeler Code 57895); and Glasgow Pharmaceutical Corp. (Labeler Code 60809).

**To: All Indiana Medicaid Physicians**

Joy Newby & Associates, Inc. will be offering Medicaid Workshops in the following locations:

Indianapolis	April 15, 1998	Columbus	May 6, 1998	Bloomington	May 7, 1998
Merrillville	May 14, 1998	Evansville	May 21, 1998		

These programs are full day workshops, beginning at 9 AM and ending at 5 PM. Each will cover important information to assist in billing physician services to the Indiana Medicaid Program, and include troubleshooting frequent denials dealing with restrictive eligibility categories, program policies, adjustments, inquiries, and various other issues. Additionally, information regarding new contractors and turnover will be discussed.

Please contact Joy Newby & Associates, Inc., at (317) 577-3066 to request additional information or obtain registration forms.

**To: All Indiana Medicaid certified Nursing Facilities and Intermediate Care Facilities (large and small)** (Reprint from 1/13/98 and 1/20/98)

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 of 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.

Since January 9, 1998, the EDS Long Term Care unit has experienced a high volume of phone calls related to the autoclosure of the Level of Care screens. In particular, the calls are related to recent processing of retro-rate adjustment. If you know you have paid claims with an incorrect status code, please initiate an adjustment of those claims to reflect the correct status code. This will insure the correct information is reflected in IndianaAIM and alleviate any future denial of claims during retro-rate adjustments.

EDS can not reprocess these denied claims. If you have experienced recent denial of claims due to an incorrectly billed discharge status code, please contact the EDS Long Term Care unit at (317) 488-5099 and an analyst will review your particular denials. If the claims indicate an incorrect discharge status code was billed, EDS can manually remove the Level of Care stop date. The provider will need to rebill denied claims after the Level of Care changes have been made to receive reimbursement.

**To: All Indiana Medicaid Providers**

EDS placed a change into production for claims appearing on the February 10, 1998, Remittance Advice Statement which should have corrected the problem we have been experiencing with electronic Medicare Part B Crossovers in which the Psych Fee Adjustment was not included in the Medicaid payment. After reviewing the claims appearing on the 2/10/98 and the 2/17/98 Remittance Advice Statements it was determined that we were including the Psych Fee Adjustment, but had over calculated the amount due. EDS has corrected this for claims appearing on the 2/24/98 Remittance Advice Statement, and will adjust the claims from the 2/10/98 and the 2/17/98 RA's. A banner page article will be issued when that adjustment is processed.

**To: All Indiana Medicaid Providers**

Previously, crossover claims with modifiers 54 (Surgical Care only), and 55 (Postoperative Management only) were erroneously denying as duplicate claims. For example, when a crossover claim for a surgical procedure submitted with modifier 54 was paid prior to the claim with modifier 55 for the same surgical procedure, then the claim with the 55 modifier denied as a duplicate claim. The reverse also occurred. The system was fixed as of 10/10/97 and edit 5008 was updated to include instructions for processing crossover claims submitted with modifiers 54 and 55. EDS will not systematically reprocess these claims since most providers were submitting these claims for special batching. Further, reprocessing would generate a CCF for the Medicare EOMB. Providers need to resubmit erroneously denied claims with the Medicare EOMB. Crossover claims are not subject to the filing limit, so no documentation is needed to waive the filing limit.

**To: All Indiana Medicaid Providers REMINDER ABOUT CHILDREN'S VACCINATIONS:**

Beginning July 1, 1998, Indiana Medicaid will limit reimbursement for all vaccines that are (1) available through the Vaccines For Children (VFC) Program AND (2) administered to Medicaid patients ages 18 years and under. Reimbursement will be the lesser of the VFC Vaccine Administration Fee (\$5.00) or the submitted charge. Reimbursement will continue at the Medicaid-allowable rates for vaccines not available through the VFC Program and for VFC-available vaccines administered to Medicaid patients over 18 years of age. Refer to Indiana Medicaid Update Bulletin E-97-27 for additional information.

**To: All Indiana Medicaid Providers**

EDS is currently in the process of rewriting the Indiana Medical Assistance Programs Provider Manual. This process has involved input from various medical associations throughout the State of Indiana. Please note that this manual is still in the draft stage. Newly enrolled providers and providers requesting a new copy of the manual will receive the current version of the manual (dated October 1994). Upon completion of the manual rewrite project, EDS will forward a revised manual to all enrolled provider. Providers will be kept informed of the progress of this project in future banner page remittance advice articles.

**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 February 12, 1998.

The following products have been deleted from the Medicaid FUL:

Lorazepam	0.5 mg. Tablet, oral, #100
Lorazepam	1.0 mg. Tablet, oral #100
Lorazepam	2.0 mg. Tablet, oral #100

