

March 24, 1998

To: All Indiana Medicaid Dental Providers

This is to inform Dental Providers of a mass adjustment that will be taking place due to a pricing change for ADA procedure code 02161, Amalgam, four or more surfaces. This mass adjustment corrected all dental claims submitted with procedure code 02161 with dates of service from August 1, 1995 through August 31, 1997. This process adjusted approximately 1,437 dental claims. The adjusted claims will appear on the next two remittance advice statement in the adjusted claims section and the ICN will begin with a region code of 56.

To: All Indiana Medicaid Providers

As you are aware, it is standard procedure for EDS to automatically deny claims for which a Claim Correction Form (CCF) was generated but the CCF was not returned within 45 days of issuance. However, this automatic denial has not been occurring since October, 1997. EDS has corrected the problem with the CCF process for future claims and will begin auto denials of these claims immediately. We are alerting providers that a significant increase will occur in denial activity over the next two weeks as the claims which have been in CCF status since October, 1997 but not denied, are put through the system for auto denial. Claims being auto denied for not returning the CCF will appear on the RA with EOB 499. Please be aware of this increased activity when you are reviewing your Remittance Advices over the next two weeks.

To All Indiana Medicaid Hospital Providers

As was noted in Indiana Medicaid Provider Bulletin E97-26, EDS is in the process of reviewing all Inpatient Hospital Claims paid between February 1995 through October 1997 to determine the impact of utilizing the admitting diagnosis in the DRG grouping and to identify duplicate paid claims. The original due date for both sections of this project was November 1997, however, EDS has experienced delays in identifying the duplicate claim submissions. EDS will keep the provider community posted as to when to expect to see the duplicate claim submission adjustments. The adjustments related to the admitting diagnosis and DRG grouping are complete.

To All Indiana Medicaid DME Providers

Effective May 7, 1998 DME Codes L1844 and L5614 will have a new rate. Procedure codes L1844 and L5614 will change from Manual Pricing to Max Fee. The reimbursement rate for procedure code L1844 will be 1134.98 and the reimbursement rate for procedure code L5614 will be 1260.12. Providers are reminded that Medicaid requirements call for the billing of the providers usual and customary amount.

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: Warner Chilcott Laboratories (Labeler Code 00430); and Faulding Laboratories (Labeler Code 63857).

The following labelers have entered into drug rebate agreements and are joining the rebate program effective April 1, 1998: Peachtree Pharmaceuticals (Labeler Code 62793); and Chain Drug Marketing Association, Inc. (Labeler Code 63868).

The following labeler has entered into a drug rebate agreement and is joining the rebate program effective July 1, 1998: GM Pharmaceuticals, Inc. (Labeler Code 58809).

The following labeler is being terminated from the drug rebate program effective April 1, 1998: Huckaby Pharmaceutical, Inc. (Labeler Code 58407).

To All Indiana Medicaid Providers

Providers who submitted claims for antepartum services with CPT codes 59425 or 59426 and a diagnosis of V22.2 (routine pregnancy) may have received erroneous claim denials with audit 6041, "E & M codes not reimbursable with prenatal codes", or audit 6042, "Prenatal codes not reimbursable with E & M codes". These audits were not working properly and have been corrected. Claims that erroneously denied were reprocessed and were reflected in the remittance advice for March 10, 1998.

To All Medicaid Institutional Providers

Recent Remittance Advice Statements have reflected an incorrect amount for DRG claim adjustments. However, the amount paid is correct. EDS is researching the problem. Providers will be informed of any updates of this matter in a future RA statement.

To All Indiana Medicaid Pharmacy Providers

This is to notify all Pharmacy Providers of changes to the Medicaid Drug Federal Upper Limit (FUL).

The following products have been deleted from the Medicaid FUL effective February 25, 1998:

Isoetharine Hydrochloride

1%, Solution, Inhalation 10ml

1%, Solution, Inhalation 30ml

Also, this is to inform all Medicaid Pharmacy Providers that there will be a delay in the April effective date of the Federal Upper Limit (FUL) processing and publication of the State Medicaid Manual from HCFA. Due to circumstances beyond HCFA's control, the next FUL listing will be with the effective date of August 1, 1998. Providers should not expect a comprehensive FUL bulletin from EDS until the publication has been issued by HCFA.