

April 21, 1998

To: All Indiana Medicaid Institutional Providers

Recent Remittance Advice Statements have reflected an incorrect DRG on 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 Providers

The Medicaid Eligibility Verification System that providers access via the OMNI device, the Automated Voice Response system, or NECS software, is incorrectly reporting two conflicting coverage limitation messages simultaneously. The specific messages are, "Pregnancy and Emergency Services Only" and "Only Emergency Services are Covered." If you receive both of the above messages together on one verification transaction, the recipient is only entitled to emergency services and is not eligible for ambulatory prenatal care services. Providers will be advised when this is corrected.

To: All Indiana Medicaid Providers

This is a reminder that any check issued by the Indiana Medical Assistance Programs that has not been cashed within 180 days (6 months) of issuance becomes "stale-dated". Stale-dated means they are not able to be cashed. Effective immediately, all claims associated with stale-dated checks will be voided in the AIM system. Therefore, a check which is not cashed within the 6 month limit cannot be replaced, and the corresponding claims must be re-submitted for payment.

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 April 8, 1998:

Atropine Sulfate; Diphenoxylate Hydrochloride
0.025mg; 2.5mg, Tablet, Oral 100

Chlorthalidone; Clonidine Hydrochloride
15mg; 0.1mg, Tablet, Oral 100
15mg; 0.2mg, Tablet, Oral 100
15mg; 0.3mg, Tablet, Oral 100

Furosemide
20mg, Tablet, Oral 100
40mg, Tablet, Oral 100
80mg, Tablet, Oral 100

Nystatin
100,000 units, Tablet, Vaginal 15
100,000 units, Tablet, Vaginal 30

Spirolactone
25mg, Tablet, Oral 100

To: All Indiana Medicaid Pharmacy Providers

The following labeler has entered into drug rebate agreements and are joining the rebate program effective April 1, 1998:

Halsey Drug Company, Inc. (Labeler Code 00879)

The following labeler has been terminated effective July 1, 1998

Becton Dickinson Microbiology Systems (Labeler Code 00011)

To: All Medicaid Providers

As previously noted, EDS is currently in the process of Mass Adjusting crossover and inpatient claims that were paid in duplicate. The affected claims are for service dates going back to 1995 through 1997. These Mass Adjustments will begin processing on this weeks remittance advice statement and will continue to process until all recoupments are finalized.

To: All Indiana Dental Providers

Effective May 1, 1998 dental fees will be increased to 100% of the 75th percentile of the 1995 rates reported by the American Dental Association for the East North Central Region (ADA-ENC). These rates were adjusted for inflation to January 1998 using the Consumer Price Index - Urban Dental (CPI-UD). Following are the rates for the top 20 codes in terms of utilization:

00120	Periodic oral exam	\$20.25
09230	Analgesia	\$27.75
01351	Sealant	\$27.75
01203	Topical application of flouride	\$22.25
01120	Prophylaxis - child	\$34.50
00272	Bitewings - two films	\$22.25
01110	Prophylaxis - adult	\$47.75
00150	Exam - Comprehensive	\$35.50
00220	Intraoral - periapical - first film	\$13.25
03120	Pulp cap - indirect, (excl final restoration)	\$38.75
02140	Amalgam - one surface, permanent	\$55.50
07110	Single Tooth	\$72.25
00230	Intraoral - periapical - each	\$10.00
07120	Each additional tooth	\$66.50
04341	Periodontal Scaling & Root Planning	\$138.75
00330	Panoranmic film	\$61.00
07210	Surgical Removal of Erupted Teeth	\$144.25
02150	Amalgam - two surfaces, permanent	\$72.25
02930	Prefabricated stainless steel crown	\$139.75
02332	Resin - three surfaces	\$105.50

Please note that due to the adoption of this new fee schedule, Medicaid will no longer separately reimburse for local code Z5154, Acid Etch for Restorations and local code Z2950, Base Filling for Restorations effective June 5, 1998 since payment for acid etch is included in the fee for restorations and sealants and payment for base filling for restorations is included in the fee for restorations.

Providers who would like to have an entire dental fee schedule, should contact provider assistance at 1-800-577-1278 or for local calls 317-655-3240.