

April 28, 1998

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

Spiroinolactone
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 Medicaid Providers

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 (\$8.00)** 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 Bulletin E97-27 for additional information. **PLEASE NOTE: THE VFC VACCINE ADMINISTRATION FEE HAS BEEN INCREASED TO \$8.00, EFFECTIVE MAY 1, 1998.

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). Dental providers should remember to bill their Usual and Customary Charge (UCC). Following are the rates for the top 20 codes in terms of utilization:

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|-------|---|----------|
| 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.

To: All Home Health Agency Providers

The new rates for home health services, effective January 1, 1998 and as published in the April 21 bulletin, have been loaded for claims processing. Claims that have been submitted at the new rates will process at the new rates after April 21. Claims processed for dates of service January 1, 1998 and thereafter that were paid at the old rate will be mass adjusted. The net mass adjustment will appear on April 28 and May 5 RAs. Mass-adjusted claims are assigned region number 56 as the first two numbers in the ICN. For claims that were overpaid, recoupment will be made by an offset. For claims that were underpaid, the net difference will be paid and reflected on the RA for April 28 or May 5.