

**June 30, 1998**

**To All Indiana Medicaid Pharmacy Providers:**

This is to remind all pharmacy providers of the correct billing practices for Over-the-Counter (OTC) Drugs. Bulletins E96-28, E96-42 and E98-13 explicitly state the coverage of OTC drugs for the Indiana Medicaid Program. ONLY those items listed in these bulletins should be billed to the program. If there is a question as to whether or not an OTC drug is covered by the formulary, contact EDS Provider Assistance at 1-800-577-1278 or locally at 317-655-3240 or the POS/ProDUR Help Desk at 317-488-5069. Pharmacists are strongly urged not to dispense OTC drug items for which they are unsure of coverage status. Failure to do so may result in claim denial or future recoupments.

**To All Indiana Medicaid Pharmacy Providers:**

The following labelers have entered into drug rebate agreements and are joining the rebate program effective July 1, 1998:

Remedy Makers (Labeler Code 10191), Zila Pharmaceuticals, Inc. (Labeler Code 51284), Nabi (Labeler Code 59730), Sangstat Medical Corporation (Labeler Code 62053), EMT-Rx (Labeler Code 64054), Medical Resources, Inc. (Labeler Code 64065 and National Vitamin Company (Labeler Code 79854).

The following labeler will be reinstated in the drug rebate program effective July 1, 1998:

Huckaby Pharmacal, Inc. (Labeler Code 58407).

The following labelers are being terminated effective July 1, 1998:

Quality Formulations, Inc. (Labeler Code 12225), A.W. Curtis Laboratories (Labeler Code 23698), Consolidated Pharmaceutical Group (Labeler Code 61423), Genesis Products, Inc. (Labeler Code 62346).

The following labelers are being voluntarily terminated effective July 1, 1998:

Moore Medical Corporation (Labeler Code 00839), Mason Distributors, Inc (Labeler Code 11845) and InSource-Williams, Inc. (Labeler Code 49137).

**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 June 19, 1998:

Imipramine Hydrochloride  
10mg, Tablet, Oral 100  
25mg, Tablet, Oral 100  
50mg, Tablet, Oral 100

**To: All Indiana Medicaid Prescribing Practitioners and Pharmacy Providers**

This is to notify providers that effective for claims with a dispense date of July 1, 1998 and later, Viagra will no longer be eligible for Medicaid reimbursement. The Office of Medicaid Policy and Planning (OMPP) has been involved in a continuing and extensive review of whether the new drug product Viagra (sildenafil citrate, Pfizer) will be covered by Indiana Medicaid. As a result of this review, the OMPP concluded that this new drug is effectively comparable to drugs that promote fertility. Because those drugs are not required to be covered by Medicaid under federal law and are not covered under state regulations, the OMPP determined that Viagra will not be covered by Indiana Medicaid.

**To: All Indiana Medicaid Providers:**

Effective July 1, 1998, Indiana Medicaid reimbursement for any vaccine (1) available through the Vaccines For Children (VFC) program, and (2) administered to a Medicaid recipient age 18 years or under, will be limited to the lesser of \$8.00 or the submitted charge. Until claims edits are in place to limit payment for administration of VFC-available vaccines to children ages 18 years and under, Medicaid providers will be subject to post-payment audit and recoupment of amounts charged and paid in excess of the \$8.00 maximum allowable for this service.

**To: All Indiana Medicaid Providers:**

The 1998 HCPCS bulletin (E98-15) is in the process of being mailed to all providers. If you have a copy of the current Medicaid Max Fee Schedule, you can combine this with the 1998 HCPCS bulletin (E98-15) to have an all inclusive max fee schedule. If you do not have a Medicaid Fee Schedule, please contact EDS Provider Assistance at 1-800-577-1278. The cost of the fee schedule is \$43.00. Please be aware that the Max Fee Schedule does **not** include the 1998 HCPCS information. However, as of the date of this banner page article, providers requesting a copy of the Max Fee Schedule will also receive a copy of the 1998 HCPCS bulletin (E98-15).

**To: All Indiana Medicaid Providers:**

The question regarding the correct code to bill for Fletcher Suit Placement was raised at the March 20, 1998 Indiana State Medical Association Coalition Meeting. In the past, providers were instructed to bill using code 58999 (unlisted procedure, with operative report). Procedure code 77761 has now been updated to reflect relative value units for anesthesiology. Further, the AA modifier has been added. Providers should use CPT code 77761 when billing this service.

**To: Providers Participating In The Disproportionate Share Hospital Pool For State Fiscal Year End (SFYE) June 30, 1996**

EDS has been instructed by the Office of Medicaid Policy and Planning (OMPP) to add a specific remittance to you claims payment in this week's claim activity. This additional remittance is described in detail in an OMPP letter through Myers and Stauffer, sent to the eligible hospitals dated June 1, 1998. Your hospital specific payment amount for SFYE 6/96 can be found in you remittance advice on the financial transactions page, under non-claim specific payouts. It is a general payment from Medicaid that is provided to those hospitals who are eligible under the \$5 million Basic Acute Care DSH pool for SFYE 6/96. If you have any questions about your hospital's eligibility for this payment or your payment amount, contact Bill Washienko of the OMPP at (317) 233-1553.