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:

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 your 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 your 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.

To All Providers Affected by New CLIA Regulations:

EDS and the Office of Medicaid Policy and Planning (OMPP) have determined that any lab procedure claims submitted for dates of service 7/1/98 to 7/8/98 which would have denied for edits 4207 and 4208 (for definition of edits, see bulletin E98-16), will automatically be put into suspended status instead of denying. EDS will then recycle these claims on 7/8/98 and pay the ones that have the correct CLIA information on file and deny the ones that still have incorrect information or have no information on file. Any lab procedure claims submitted for payment with dates of service 7/1/98 and after, which have incorrect or no CLIA information on file, will automatically deny after the suspense period ends on 7/8/98.

It should be noted at this time, that if you have not received confirmation of your CLIA number update in the IndianaAIM System, your CLIA information has not been updated as of this bannerpage date. Once EDS has completed your CLIA update, you will be receiving a change confirmation letter advising you of your updated CLIA information. At that point, you may submit claims for payment or resubmit denied claims for payment.

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).
E98-15).

To All Indiana Medicaid Pharmacy Providers:

This is to inform all pharmacy providers who submit claims through Point of Service (POS) that effective July 8, 1998, changes will be implemented to better streamline error messages many pharmacists receive on claims. For those pharmacies that currently receive NCPDP error messages on POS pharmacy claims, EDS has enhanced the system to correspond more NCPDP error codes to Indiana Medicaid error codes. For those pharmacies that do not utilize NCPDP error codes through their software, their claims will continue showing Indiana Medicaid error codes. Listed below are those errors that will be changing. If there are any questions, please contact the POS/ProDUR helpdesk at (317) 488-5069.

Error Code	NCPDP code	Description
0208	30	Pregnancy Indicator Invalid
0209	12	Nursing Facility Patient Indicator Invalid
0513	62	Recipient Name and Number Disagree
0545	81	Claim Past Filing Limit
1013	64	The Billing Provider Number Submitted on this Claim has not been prior Authorized to bill this Service for the Children's Special Health Care
1025	40	Billing Provider not enrolled in the Program Billed
1026	56	Prescribing Physician License Number not on File.
1029	71	Prescribing Provider not Eligible to Prescribe the NDC.
1998	40	IMMIS Billing Provider ID Number not Enrolled.
2019	65	Recipient is not eligible for Medical Assistance Benefits
3001	64	Dates of Service not on the P.A. Master File
3010	75	Non-Emergency Out of State Services Require Prior Authorization
4003	70	Less Than Effective Drugs are not covered under Indiana Medicaid
4007	70	NDC Not Covered for Dates of Service
4023	61	NDC Code Not Compatible with Recipient's Sex
4213	77	This NDC/HRI/UPC Code Submitted Has been Re-Used for a different Product, Invalid Code.
7500	M5	Your Claim is being Reviewed
7501	M2	Your Claim is being Reviewed