To All Providers Affected by New CLIA Regulations:

EDS and the Office of Medicaid Policy and Planning (OMPP) have extended the lab procedure claim suspension period (please reference the July 7, 1998 banner page article) from July 8, 1998 to July 15, 1998. These claims will be recycled on July 16, 1998. At that time claims from providers with the correct CLIA information on file will be paid while all lab procedure claims that are associated with incorrect provider enrollment CLIA information deny. After the suspension period ends on July 16, 1998, all lab procedure claims from providers with inaccurate CLIA information in the provider enrollment file will system deny.

To All Providers Affected by New CLIA Regulations:

This is to inform all providers affected by the new CLIA regulations that page 5 of the Indiana Medicaid Update E98-16 dated June 3, 1998 identifies a "regular" certificate type instead of "compliance". It should be noted, for purposes of clarification, that these terms are interchangeable in the IndianaAIM system. The following list denotes the type of certificates that can be obtained for CLIA compliance:

- 1. certificate of compliance
- 2. certificate of waiver
- 3. certificate of accreditation

- provider performed microscopy
 certificate of partial accreditation
- 6. certificate of registration
- EDS enters the specific certification type identified by HCFA in the Indiana Medicaid provider enrollment file.

To All Indiana Medicaid Providers:

Banner messages for 5/12/98 and 5/19/98 listed several diagnosis codes that will bypass Third Party Liability (TPL) when the diagnosis is entered as the primary diagnosis on the claim. The diagnosis code 650 for delivery was incorrectly included in this list. The Code of Federal Regulations (CFR) at 42 CFR 433.139 (b)(3)(i) states that prenatal services and preventive pediatric services, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, must be paid by Medicaid and then reimbursement must be sought from any liable third party by Medicaid. Since labor and delivery services are not included as services that must be first paid by Medicaid, they are still subject to TPL requirements.

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 were 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