August 11, 1998

To All Providers with CLIA Certification:

Please be advised that providers holding a CLIA certificate expiring in August, September, or October of 1998 should initiate the process now to renew CLIA certification with their state's department of health. Once a provider has obtained CLIA recertification, a copy of the certificate should be mailed to the following address:

EDS
P.O. Box 68420
Indianapolis, IN 46268-0420
Attention: Provider Enrollment

Your immediate attention to this matter will allow the Provider Enrollment Unit adequate time to enter the updated information and will ensure there is no break in the payment of lab procedure codes.

To All Indiana Medicaid Pharmacy Providers:

This is to inform all pharmacy providers of an issue identified with the drug Procanbid and claims being erroneously denied for edit 4007 'NONCOVERED NDC DUE TO HCFA TERMINATION'. The NDCs listed below were sent to EDS with invalid termination dates and therefore claims are denying. Please note that these NDCs are covered under the Indiana Medicaid Program and corrected NDC information will be loaded into the system with the August database update. After the corrected NDCs are received, EDS will reprocess claims submitted on paper or through batch processing. Providers should wait until after August 14, 1998, to submit any current claims for Procanbid. Providers do not have to wait until after this date to dispense the drug if recipient eligibility has been verified for the date of service.

Procanbid	00071-0562-20 – Procanbid 500mg SA 60s
	00071-0562-40 – Procanbid 500mg SA 100s
	00071-0564-20 – Procanbid 1,000mg SA 60s
	00071-0564-40 – Procanbid 1,000mg SA 100s

To: All Indiana Medicaid Physician Providers:

Recently, there have been several Physician inquiries regarding Medicaid coverage and billing procedures for Synvisc (hylan G-F 20). Synvisc (hylan G-F 20) is one brand of an intra-articular injection which is covered by Indiana Medicaid for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen. Since injectables of this type have not yet been assigned a specific HCPCS code by HCFA, it is **suggested** that HCPCS code J3490 (unclassified drug) be used. When billing a non-specific code such as HCPCS code J3490, it is necessary to state on the submitted claim form the National Drug Code (NDC) **and** the quantity actually administered. Typically, one intra-articular injection of the drug type listed above is two milliliters (2ml), thus the quantity reported on the claim form would be two milliliters (2ml).

To All Providers of Anesthesia Services:

This is to clarify that Indiana Medicaid allows payment for medically reasonable and necessary Monitored Anesthesia Care (MAC) services on the same basis as other anesthesia services. Providers submitting claims for Monitored Anesthesia services should add the QS modifier to the procedure code, in addition to other applicable modifiers to identify the services as monitored anesthesia care. Providers should continue to follow general billing guidelines for anesthesia services. An upcoming bulletin will address detailed billing guidelines for anesthesia services.

To All Providers of Risk Based Managed Care Dental Services:

Effective for dates of service 8/1/98 and greater, dental provider services billed on dental claim forms are being excluded from Risk Based Managed Care. These providers should submit dental claims incurred by managed care enrollees (members of either Managed Health Services or MaxiHealth) from this timeframe to EDS for adjudication. Dental claims for dates of service prior to 8/1/98 should continue to be submitted to the appropriate Managed Care Organization (MCO).

Only dental claims billed by the appropriate provider specialties will be carved out of Managed Care. Dental specialists include: Endodontists, General Dentistry Practitioners, Oral Surgeons, Orthodontists, Pediatric Dentists, Periodontists, Pedodontists, Prosthodontists, and Dental Clinics. HCFA claims and UB claims submitted by dental providers and oral health services provided by non-dental specialists (i.e. anesthesiology) are not included in this carve out and should continue to be submitted to the appropriate MCO.

The small group of enrollees in the Managed Care for Persons with Disabilities delivery system (TeamSelect) will remain under the MCO's responsibility until a later date (at the latest January 1, 1999). A future bulletin will describe these changes in further detail.

To All Indiana Medicaid Providers of Dental Services and Orthopedic Shoes:

As a result of a lawsuit, Medicaid is extending coverage for dentures, partial dentures and orthopedic shoes to all Medicaid recipients, regardless of age. These services are subject to prior authorization of medical necessity with the exception of partial or complete dentures for recipients under age 21. When billing services for recipients under age 21 for dentures (complete or partial), the procedure codes below should be utilized. For all other PA requests and billings, the existing dental or HCPCS codes would be utilized for dentures or for orthopedic shoes. Please note that coverage for dentures is effective 4/23/98 and coverage for partial dentures and orthopedic shoes is for 10/30/97.

Description of Dental Codes (for Recipients under age 21)	Local HCPCs Code	Rate
Maxillary partial denture-resin base	Z5029	656.00
Mandibular partial denture -resin base	Z5028	666.00
Maxillary partial denture-case metal framework with resin denture bases.	Z5034	Manually Priced
Mandibular partial denture-case metal framework with resin denture bases	Z5035	Manually Priced
Complete denture - maxillary	Z5027	782.50
Complete denture - Mandibular	Z5030	788.25
Removable unilateral partial denture one piece cast metal	Z5033	Manually Priced

Please note that coverage will not be available for adjustments, repairs, rebasing or religning of dentures except for recipients under age 21. Billing would continue for this age group using the existing dental codes. Also note that immediate dentures are not covered.