To All Indiana Medicaid Providers Billing for Co-pay and Deductibles for Recipients Enrolled in Private HMOs:

Medicaid will reimburse providers for co-pays and deductibles, and services not covered by the plan incurred by Medicaid recipients under a capitated arrangement. When billing for co-pays and deductibles, the provider should indicate the amount of the total bill covered by the HMO in the TPL box such that the net charge billed to Medicaid is only the deductible and co-pay. Medicaid will reimburse the provider the difference between the Medicaid allowable and the TPL amount, not to exceed the net billed amount.

To All Indiana Medicaid Providers:

This is to notify all Indiana Medicaid Providers that effective January 1, 1999, all overpayments, accounts receivable, and check related refunds should be mailed to the new lockbox address. Checks should be made payable to EDS and/or Indiana Medicaid. Please send checks to:

EDS
P.O. Box 1937 Dept. 104
Indianapolis, IN 46206

Provider returned checks and payments submitted with purchase requests for the Indiana Medical Assistance Programs Provider Manuals, Max Fee Schedules, NECS Software, and copies of remittance advice statements should be sent to:

EDS
950 North Meridian Street - 10th Floor
Indianapolis, IN 46204

To All Indiana Medicaid Podiatrists:

HCPCS code G0127, "trimming of dystrophic nails, any number" has replaced code M0101 which is "routine foot care". Code G0127 can be billed for dates of service 4/1/98 and after. Code M0101 will be deleted effective 11/17/98. Claims with code G0127 which were previously denied will be systematically reprocessed by the EDS staff. Claims submitted with this code on 9/9/98 and after should pay correctly.

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 July 31, 1998:

Metronidazole	250mg. Tablet, Oral 100 500mg, Tablet, Oral 100	Quninidine Gluconate	324mg, Tablet, extended release, Oral 100

To All Indiana Medicaid Providers:

Beginning July 1, 1998, Indiana Medicaid limited 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. In order to bypass Medicaid TPL (other insurance) edits, claims for immunizations must have one of the following pediatric preventive diagnosis codes listed as the Primary Diagnosis (this listing is an excerpt from page 10-3-3 of the Indiana Medical Assistance Programs Provider Manual):

V01.0 - V01.9	V03.0 - V04.8	V05.8 - V06.4	V07.0 - V07.3	V20.0 - V20.1	V72.0 - V72.3
V02.0 - V02.9	V05.0 - V05.2	V06.8 - V06.9	V07.8 - V07.9	V70.0	

To All Indiana Anesthesia Providers:

This banner page notification is written to inform providers that EDS has corrected the processing problem identified for claims submitted for epidural maternity services. Effective August 31, 1998, anesthesia pricing logic was corrected according to guidelines stipulated in Bulletin E95-21 which states that "Providers billing anesthesia services for a vaginal or Cesarean delivery should use the CPT 4 procedure code which best describes the service provided plus the modifier (AA). Procedure codes 59409, 59410, 59514, and 59515, should be reimbursed as: one unit of time for each 15 minute block of time billed in the first hour of service, and for subsequent hours of service calculate one unit of service for every 60 minute block of time billed."

EDS will systematically reprocess all claims adversely affected by this processing problem; therefore, providers are not required to resubmit their claims. EDS will alert providers of the reprocessing of these claims by banner page notification 45 days prior to this reprocessing function.

Please note: EDS has identified claims that were inappropriately paid. EDS is working to resolve this problem and will mass adjust those claims affected. The date of the mass adjustment will be published in a future banner page.

To: All Risk Based Managed Care Providers

Effective 07-01-1998, MaxiHealth for the Southern Region of the State of Indiana has a **new** Member Services phone number. The **new** phone number is 1-800-414-5946. Currently the AVR system identifies the Central Region number but will be updated to indicate the new number for the Southern region.

To All Group Providers with CLIA Certificates:

During the past several weeks, EDS Provider Assistance and Provider Enrollment have received an increase in the number of calls from providers who are receiving denials for lab procedure codes. The edit in question is edit 4207; invalid effective dates for CLIA certificate. An analysis of this problem has revealed provider groups who have attempted to bill Indiana Medicaid using rendering provider numbers instead of using their group provider numbers. It is very important that group providers billing Indiana Medicaid for lab procedure codes and having a valid CLIA Certificate complete HCFA 1500 box 33 with the group provider number instead of the provider number of the individual rendering physician. The physician performing the service is the rendering provider and this provider's number must go in box 24k as the rendering physician. Since all group provider numbers will possess the CLIA certificate information (this also is reflective of who the certificate is made out to) and should be the billing provider, using a rendering provider number in box 33k will cause the claim to deny.