

November 10, 1998

To All Indiana Medicaid Hospice Providers:

The Family and Social Services Administration (FSSA) Forms Management Unit advised the Office of Medicaid Policy and Planning (OMPP) on October 15 that the supply for all seven Medicaid hospice forms at the Forms Distribution Center have been depleted to zero. Medicaid Provider Bulletin E98-17 outlined the procedures to obtain Medicaid hospice forms and lists each of these forms. The OMPP has put in a print order for 5,000 copies of each form. The new supply of forms should be available by December 1, 1998. If a Medicaid enrolled hospice provider has an order that has not yet been filled, then the Forms Distribution Center will consider the order a "back order" and fill that order immediately once a new batch of each form is received. In the interim, the EDS Hospice Authorization Unit has been authorized to accept draft Medicaid hospice forms. Providers may also make copies of the Medicaid hospice forms they currently have in stock until such time that the Forms Distribution Center has a new stock of forms to fill outstanding and new orders. The OMPP will contact the Indiana Hospice Organization and the Indiana Association of Home and Hospice Care as soon as the new supply of forms is available. In addition, another banner page message will be released to notify all Medicaid enrolled hospice providers about the availability of the new forms.

To All Indiana Medicaid Providers:

Indiana Medicaid will now cover the ThAIRapy Vest device for use only in cystic fibrosis patients, effective June 1, 1998. The ThAIRapy Vest is a mechanical device that utilizes a vest and a generator to loosen bronchial secretions and clear the airway. All requests for this DME device will require prior authorization with an appropriate clinical summary and physician prescription. The vest and generator components of the ThAIRapy Vest will be considered purchased DME items. The following codes will be manually priced when requesting and billing for the ThAIRapy Vest:

Z5056: Vest Component of the ThAIRapy Vest, 1 unit per vest

Z5057: Generator Component of the ThAIRapy Vest, 1 unit

Z5058: Repair of Components of the ThAIRapy Vest (vest and /or generator), 1 unit per 15 minutes

If you have any questions regarding prior authorization, please contact the EDS Provider Assistance Unit at 1-800-577-1278 or (317) 655-3240.

To All Indiana Medicaid Pharmacy Providers:

The following labelers have entered into drug rebate agreements and are joining the rebate program effective January 1, 1999:

Centocor, Inc. (Labeler Code 57894)

DiHoMa Chemical & Mfg. Corp. (Labeler Code 62294)

Seveen Oaks Pharmaceutical Corp. (Labeler Code 63801)

The following labeler has been reinstated into the drug rebate agreement effective January 1, 1999:

Iyata Pharmaceutical, Inc. (Labeler Code 59291)

The following labelers are being voluntarily terminated effective January 1, 1999:

Great Southern Laboratories, Inc. (Labeler Code 51301)

To All Indiana Medicaid Providers:

Effective October 1, 1998, the new ICD-9-CM diagnosis and procedure codes were loaded into the IndianaAIM system. However, until the 3M Diagnosis and Procedure Code mapper is installed to the IndianaAIM system, claims submitted with the new ICD-9-CM procedure codes will deny for EOB 4116 ("diagnosis is not valid for DRG pricing"). Once the mapper is installed, EDS will systematically reprocess all denied claims. Future banner messages will keep providers informed of the reprocessing date. A banner page message will be forthcoming to inform providers of the end date for the deleted codes.

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 November 22, 1998:

Acetylcysteine	10% Solution, Inhalation 10ml	Propanolol Hydrochloride	60mg, Capsule, Extended Release, Oral 100
	20% Solution, Inhalation 10ml		80mg, Capsule, Extended Release, Oral 100
			120mg, Capsule, Extended Release, Oral 100
			160mg, Capsule, Extended Release, Oral 100
Lithium Carbonate	300mg, Capsule, Oral 100		
	300mg, Capsule, Oral 1000		
		Temazepam	15mg, Capsule, Oral 100
Bethanechol Chloride	25mg, Tablet, Oral 100		30mg, Capsule, Oral 100

To: All Indiana Medicaid Certified Nursing Facilities and Intermediate Care Facilities (large and small):

Effective October 1, 1998, the IndianaAIM system will pay the per diem rate on file for all long term care claims with a date of service on or after October 1, 1998. This change will ensure that payment made to the provider reflects the most current rate received by EDS from Myers and Stauffer, rather than an old rate that the provider may have billed. This revised payment mechanism should assist in minimizing the number of retroactive rate adjustments for dates of service on or after October 1, 1998. The payment logic for long term care claims with dates of service prior to October 1, 1998 will continue to pay the provider the lesser of the billed amount or the per diem rate on file. For any questions regarding the information contained in this banner message, please contact the EDS Provider Assistance Unit at 1-800-577-1278, or for local providers (317) 655-3240.

To All Indiana Medicaid Durable Medical Equipment (DME) Providers:

This is to notify all Durable Medical Equipment (DME) Providers of the change to the reimbursement rate for HCPCS code E1340 (Repair or nonroutine service for DME requiring the skill of a technician, labor component, per 15 minutes). This code is currently manually priced, however, effective November 27, 1998, the reimbursement rate will be \$9.75 per 15 minutes, identical to that of Medicare.

To All Indiana Medicaid Nursing Facility Providers:

This is to clarify the use of the Form 450B pending the development of the new cover form "450B Data Entry/Authorization Sheet", addressed in the Case Mix Reimbursement Provider Bulletin E98-26 of August 14, 1998. The new form documented under the section entitled "Form 450B/Nursing Facility Level of Care" on page two (2) is a streamlined type Form 450B. For **dates of service on or after October 1, 1998**, the new 450B Data/Authorization Sheet may be used for any readmission to a nursing facility following a hospitalization exceeding the bed-hold policy if the Medicaid resident has already been approved for nursing facility care. This new form is not yet available to nursing facilities. As a result, facilities should continue to use the current Form 450B for submission to the Office of Medicaid Policy and Planning. However, **only Section I "Recipient Identification" needs to be completed, along with documentation of the dates of the hospitalization.** Leave the entire Section II "Physician's Medical Evaluation" blank. Likewise, the physician does not need to complete or sign the "Level of Care Physician Certification". Please write READMISSION in red ink in the top left-hand corner of the Form 450B in order to ensure that the data entry of these readmission requests is expedited. Please note that additional information will be forthcoming regarding expanding the use of the new 450B Data Entry/Authorization Sheet to streamline other Form 450B processing following the implementation of case mix reimbursement.