

November 24, 1998

To All Indiana Medicaid Transportation Providers:

This is to notify all transportation providers that experienced erroneous co-pay deductions on recent Remittance Advice (RA) statements that the mass adjustment to correct the inappropriate deduction of co-pay from nursing facility resident claims will occur on this weeks RA statement. The claims that are being adjusted were processed originally on Remittance Advance Statements dated 10/6/98 through 11/3/98. The adjusted claims will be identified on this weeks RA with an ICN that begins with 56.

To All Indiana Medicaid Acute Care Hospitals, Distinct Part Psychiatric Hospitals, Rehabilitation Hospitals, Distinct Part Unit Psychiatric Facilities, and Ambulatory Surgical Centers:

In the future, the Office of Medicaid Policy and Planning (OMPP) plans on updating and making changes to both the DRG/Level of Care inpatient and outpatient reimbursement systems. Public notice of the intent to change the methods and standards for setting payment rates for inpatient services was provided on the September 1, 1998 and October 1, 1998 versions of the Indiana Register. A bulletin will be sent to providers detailing the changes and new rates to be implemented for reimbursing Indiana Medicaid inpatient and outpatient services. Billing procedures for both inpatient and outpatient hospital services have not changed. However, as a result of rebasing and updating the DRG system, the Grouper version will need to be updated. The All-Patient (A-P) DRG Grouper Version 11 is currently being used as the Grouper for the DRG system in Indiana. As with the Medicare Grouper, new versions of A-P DRG Grouper are issued periodically. Revised versions of the grouper software are not adopted by the State until the DRG system is rebased or you are notified by the State. At that time, the State upgrades to the most current version of the Grouper. Therefore, as a result of rebasing the DRG system, the State will upgrade to the most current version of the Grouper. With the implementation of the rebased DRG system, Indiana Medicaid will utilize Version 14.1 of the A-P DRG Grouper. While OMPP intends to give providers thirty (30) days advance notice before implementing the new rates, OMPP thought providers might need additional lead time to obtain the Grouper software, in the event you elect to purchase same. If you are interested in ordering a copy of the Grouper, and have a license with 3M you may contact 3M at 1-800-435-7776. If you do not have a license with 3M, call 502-473-7043 or HSS at 1-800-999-3747 to obtain information about Version 14.1 of the A-P DRG Grouper. **Please note:** The new rates for both the inpatient and outpatient reimbursement systems will become effective and be implemented simultaneously.

To All Indiana Medicaid 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. This correction has been made to the epidural pricing logic, which was effective on **August 31, 1998**. Please note that anesthesia claims processed between August 31 and October 4, 1998 were processed erroneously as the system was not recognizing the modifiers in the second and third modifier field (box 24d) on the HCFA 1500 claim form. Effective October 5, 1998, the epidural 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 CPT4 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." **Please note:** EDS will systematically adjust all epidural claims with dates of service September 1, 1995 to October 5, 1998 beginning January 11, 1998.

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 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 Providers with CLIA Certification:

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

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

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

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.