

December 15, 1998

**To All Indiana Medicaid Providers:**

Effective October 1998, the billing audit listing the number of hearing tests an Indiana Medicaid recipient may have within a three year period without prior authorization has been updated. The audit now contains additional ICD-9 CM diagnosis codes that bypass this time limitation and the prior authorization requirement. The diagnosis codes under this audit that bypass these requirements are 380.0 to 389.9. The additional codes that have been added are 744.0 to 744.3, 784.3 and 784.5 to 784.6. If you have 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:**

This is to notify all pharmacy providers of changes to the Medicaid Drug Federal Upper Limit (FUL). The following products have been from the Medicaid FUL effective December 20, 1998:

Amitriptyline Hydrochloride	10mg, Tablet, Oral 100	Amitriptyline Hydrochloride: Perphenazine	10mg; 2mg, Tablet, Oral 100
	25mg, Tablet, Oral 100		10mg; 4mg, Tablet, Oral 100
	50mg, Tablet, Oral 100		25mg; 2mg, Tablet, Oral 100
	75mg, Tablet, Oral 100		25mg; 4mg, Tablet, Oral 100
	100mg, Tablet, Oral 100		
	150mg, Tablet, Oral 100	Carisoprodol	350mg, Tablet, Oral 100
Oxazepam	10mg, Capsule, Oral 100	Bethanechol Chloride	10mg, Tablet, Oral 100
	15mg, Capsule, Oral 100		50mg, Tablet, Oral 100
	30mg, Capsule, Oral 100		

**To All Indiana Medicaid Enrolled Hospice Providers:**

The Indiana Medicaid Program cannot prior authorize any services for an individual who is not Medicaid eligible. An individual who is NOT Medicaid eligible when he/she initiates hospice care is considered "private pay". This means that the hospice provider must bill the patient or the patient's private insurance (if applicable) until Medicaid eligibility is established. If hospice providers opt to provide hospice care for a Medicaid pending individual, hospice providers do so at their own financial risk. As the hospice analyst cannot review and approve the certification forms for a Medicaid pending individual, the hospice provider should hold all paperwork until the Medicaid pending individual is notified that he/she is Medicaid eligible. At that point, the hospice provider may submit the certification forms to the EDS Hospice Authorization Unit (effective January 1, 1999, the certification forms must be submitted to the HCE Hospice Authorization Unit). The ten (10) day submission rule for certification forms does not apply for Medicaid pending individuals. However, once a hospice patient becomes Medicaid eligible, the hospice provider must submit the certification forms within the ten (10) business day deadline noted in the hospice rule. The Medicaid Hospice Analysts have been instructed to return to hospice providers all certification forms for Medicaid pending individuals. This is in compliance with policy for all Medicaid programs.

**To All Indiana Medicaid Enrolled Physicians:**

In response to inquiries regarding how to bill for an FDA approved immunization when there is no corresponding CPT code, the following is recommended. Providers should submit a HCFA 1500 claim form using procedure code 90749, "unlisted immunization procedure", the number of units given, and the provider's usual and customary charge. The NDC number from the package and the name of the drug should also be listed on the claim. No invoice is required. The claim reviewer will use the average wholesale price for the NDC and add a \$2.90 administration fee for the immunization.

**To All Indiana Medicaid Providers:**

Beginning January 1, 1999, Health Care Excel (HCE) will assume operations responsibility for (1) medical policy, (2) review of requests for prior authorization (PA), and (3) surveillance and utilization review (SUR). (Please refer to Indiana Medicaid Transition Newsletter T98-01 for additional background information.) Providers will be pleased to learn that many of the telephone numbers (see below) will remain the same to support a seamless transition from EDS to HCE. HCE will be closed on Friday, January 1, 1999, and on Saturday and Sunday, January 2 and 3, 1999. However, mail and faxed requests will be processed on Monday, January 4, 1999.

**Prior Authorization.** HCE will be assuming the current PA toll-free number (800) 457-4518 (see below). Providers in Marion County should use (317) 347-4511. For those facilities previously faxing PA requests, notification regarding HCE's PA fax number will be provided under separate cover.

**Surveillance and Utilization Review.** HCE will also be assuming the current SUR toll-free number (800) 475-4515 (see below), effective January 1, 1999. Providers in Marion County should use (317) 347-4527. An additional toll-free number will be available to providers and recipients to report potential fraud and/or abuse and should not be confused with the EDS Provider Assistance number.

Included below are the HCE address, PA and SUR P.O. Box addresses and telephone numbers.

**Health Care Excel, Incorporated**

<b><u>General Administrative and Medical Policy Office Information</u></b>	<b><u>Surveillance and Utilization Review Department</u></b>
Work Hours: 8:00 a.m. to 5:00 p.m. (EST)	Work Hours: 8:00 a.m. to 5:00 p.m. (EST)
Address: P.O. Box 53380 Indianapolis, IN 46253-0380	Address: P.O. Box 531700 Indianapolis, IN 46253-1700
Phone: (317) 347-4500	Phone: (Local) (317) 347-4527 (Marion County) (Toll-free) (800) 457-4515 (Effective January 1, 1999)
	<b><u>Provider and Recipient Concern (Fraud and Abuse)</u></b>
<b><u>Prior Authorization Department</u></b>	Phone: (Local) (317) 347-4527 (Marion County) (Toll-free) (800) 216-5938 (Effective January 1, 1999)
Work Hours: 7:30 a.m. to 6:00 p.m. (EST)	
Address: P.O. Box 531520 Indianapolis, IN 46253-1520	
Phone: (Local) (317) 347-4511 (Marion County) (Toll-free) (800) 457-4518 (Effective January 1, 1999)	