

December 29, 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 deleted from the Medicaid FUL effective November 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 Medicaid Enrolled Hospice Providers:**

1) The Family and Social Services Administration (FSSA) Forms Management advised the Office of Medicaid Policy and Planning that the reprint order for a new supply of 5000 for each Medicaid hospice forms has been received at the State Forms Distribution Center. 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 now that a new batch of forms has been received.

2) Effective October 1, 1998, Indiana Medicaid will pay hospice providers 95% of the single nursing facility case mix rates for nursing facility room and board services for hospice recipients. Individual hospice providers may obtain a quarterly copy of the single nursing facility case mix rates by contacting Indiana Medicaid long term care rate-setting contractor, Myers and Stauffer, LC at (317) 846-9521. The hospice will be charged the appropriate copying charge. The Indiana Hospice Organization (IHO) and the Indiana Association for Home and Hospice Care (IAHHC) receive quarterly copies of the single nursing facility case mix rates.

**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)	