



I M P O R T A N T I N F O R M A T I O N

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To All Providers:

- The registration forms mailed with banner pages *BR200206*, *BR200207*, and *BR200208*, about the March 7, 2002, Indiana Health Coverage Programs (IHCP) provider workshop being held in South Bend mistakenly reported the address for **Saint Joseph's Medical Center**. The correct address is 801 E. LaSalle Avenue, South Bend. Directions to Saint Joseph's Medical Center are available on the www.indianamedicaid.com Web site.
- This clarifies an article printed in banner pages *BR200206* and *BR200207* about the cost of the *IHCP Provider Manual*. When the *IHCP Provider Manual* is updated and published, a CD-ROM copy is sent to all enrolled billing providers. The manual was last published and distributed to enrolled billing providers in June 2001. Enrolled billing providers can request **one paper copy** of the *IHCP Provider Manual* free of charge, if a paper copy was not received in June 2001.

Enrolled billing providers can request additional paper copies of the June 2001 *IHCP Provider Manual* by sending a check payable to EDS for \$121.60 per copy. Mail all requests to the following address:

**EDS Written Correspondence
P. O. Box 7263
Indianapolis, IN 46207-7263**

The *IHCP Provider Manual* is available on the www.indianamedicaid.com Web site.

All enrolled billing providers will receive a CD-ROM copy of the next version of the manual when it is published in late spring 2002. Enrolled billing providers can request one paper copy of the 2002 version free of charge by mailing a request to the above address.

- The IHCP is pleased to announce Web interChange – an interactive Web application to obtain claims information and verify member eligibility quickly and easily using the Internet.
 - Claims Inquiry allows providers to inquire about previously submitted claims. Claims received electronically by EDS are Web accessible within two hours and remain accessible for three years. Claims are located by searching within a date range, by claim type, by member ID, or by Internal Control Number (ICN). Once the basic claim information is displayed, click the desired claim for more detail.
 - Eligibility Inquiry allows providers to inquire about member eligibility by using search criteria. The response provides the same information found through Automated Voice Response (AVR), Provider Electronic SolutionsSM, or the OMNI swipe card system. Enhanced third party liability information including carrier number, carrier name, addresses, phone number and policyholder name is also provided.

Web interChange differs from Provider Electronic Solutions because with Provider Electronic Solutions providers submit claims and verify member eligibility by dialing into the IHCP system; but with Web interChange providers can review processed claims and verify member eligibility by accessing the IHCP system on the Internet. Web interChange is fast, free, and easy to use. **Microsoft® Internet Explorer 5.5** or above is required. Internet Explorer is available, free of charge, through a link from the Web interChange Web site to the Microsoft Web site. It is not necessary to have Provider Electronic Solutions to use Web interChange. Web interChange is secure. Only billing providers may access claims. Encryption and Secured Socket Layer (SSL) connections protect the data in transit.

To apply for an ID and password, complete the application found at <https://interchange.indianamedicaid.com>. Print and mail the application to the address shown on the application. Be sure to keep a copy for your records. You will be notified via e-mail when your application is approved. Direct questions to EDS Electronic Solutions at (317) 488-5160 or e-mail Electronic.Solutions@indyix.eds.com.

- The 2002 *Health Care Procedure Coding System* (HCPCS) and CPT code updates were loaded for crossover claims only on January 1, 2002. Providers should continue billing 2001 codes until April 1, 2002. The IHCP will deny claims submitted with 2002 codes for dates of service prior to April 1, 2002. Questions can be directed to the Health Care Excel (HCE) Medical Policy Department at (317) 347-4500.

To All Long Term Care Providers:

- Effective January 8, 2002, the color of paper used for the Indiana Pre-Admission Screening Program (PAS/PASRR) Assessment Determination State Form 707 (R/2-98)/Form 4B changed from blue to beige because the U.S. Postal Service machines no longer read the paper color. Applicants and nursing facilities will now receive the PAS Form 4B on beige paper.

To All Nursing Facilities and Hospice Providers:

- The Marion County Superior Court ruled against the Office of Medicaid Policy and Planning (OMPP) in a lawsuit filed by Amhealth challenging the OMPP for imposing emergency rules as of October 1, 2001. The Court's ruling prevents the OMPP from carrying out these rules as of October 1, 2001; however, be advised, the OMPP intends to implement the rules on a permanent basis on or about April 1, 2002. These rules change the case mix reimbursement methodology, reimbursement policy for bedhold days for nursing facilities, hospice recipients residing in nursing facilities, and crossover claims payment policies. The Court's decision prohibits the OMPP from enforcing the provisions of the emergency rules and requires that the OMPP reprocess all claims submitted by nursing facilities resulting from the implementation of the emergency rules.

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For more information visit www.indianamedicaid.com

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The OMPP is determining what actions need to be taken to comply with the court's decision. Decisions include, but are not limited to, systems changes as well as rate recalculations. The OMPP must ensure compliance with the court order is done in an orderly and uniform fashion. Additional information and billing instructions will be published in a future provider bulletin.

Direct questions about this information to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

To All Dental Providers:

- Z5155, *SQ/IM/oral administration of sedation and monitoring* will be end-dated and made non-covered effective March 29, 2002. This code was replaced by dental procedure code D9248, (non-intravenous conscious sedation) effective for dates of service January 1, 2000, and later. Non-intravenous conscious sedation includes appropriate monitoring, as defined by the *Current Dental Terminology (CDT-3) Users Manual*, version 2000, published by the *American Dental Association*.

To All Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- This notifies of changes to the Medicaid Drug Federal Upper Limit (FUL). The following changes were made to the Medicaid Drug FUL the week of February 12, 2002, with an effective date of March 5, 2002:

Deletions
Generic Name and Dosage
Hydrocortisone; Neomycin Sulfate; Polymyxin B Sulfate 1%; EQ 3.5 mg/ml; 10000u/m, Suspension/Drops, Ophthalmic, 10 ml
Propranolol Hydrochloride 60 mg, Tablet, Oral, 100

In addition, the following FUL rate increases will be implemented no later than March 5, 2002.

Price Increase		
Generic Name	Dosage	New Price
Albuterol Sulfate	2 mg Base, Tablet, Oral, 100	\$0.0477 B
	4 mg Base, Tablet, Oral, 100	\$0.0900 B
Allopurinol	100 mg, Tablet, Oral, 100	\$0.0784 B
Amitriptyline Hydrochloride	10 mg, Tablet, Oral, 100	\$0.0570 B
Amoxicillin	125 mg/5 ml, Powder for Reconstitution, Oral, 150	\$0.0201 B
Atenolol	100 mg, Tablet, Oral, 100	\$0.0750 R
Benztropine Mesylate	0.5 mg, Tablet, Oral, 100	\$0.1185 B
	1 mg, Tablet, Oral, 100	\$0.1403 B
	2 mg, Tablet, Oral, 100	\$0.1767 B
Cimetidine Hydrochloride	EQ 300 mg base/5 ml, Solution, Oral, 240 ml	\$0.1139 B
Furosemide	20 mg, Tablet, Oral, 100	\$0.0563 B
	40 mg, Tablet, Oral, 100	\$0.0599 B
Isosorbide Mononitrate	20 mg, Tablet, Oral, 100	\$0.4950 B
Naproxen	500 mg, Tablet, Oral, 100	\$0.1792 B
Primidone	250 mg, Tablet, Oral, 100	\$0.6405 B

On November 20, 2001, a Centers for Medicare and Medicaid Services (CMS) publication incorrectly listed the product Methenamine Hippurate 1gm tablets as having an FUL when it should have listed Methenamine Mandelate 1gm tablets. Pharmacy providers should be aware Methenamine Hippurate will be deleted from the FUL publication and Methenamine Mandelate will replace it with an FUL of \$0.2923. This correction will be implemented no later than March 5, 2002.

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