



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:

- Effective August 29, 2002, the following applies to Medicare Part B crossover claims: Claims submitted using Provider Electronic SolutionsSM that bill for procedure codes requiring manual pricing or claims that crossed over directly from Medicare to the Indiana Health Coverage Programs (IHCP) will deny for explanation of benefits (EOB) 9008 - *Line item submitted with unclear itemization. Please resubmit with appropriate or additional information.* These claims must be resubmitted on paper with an invoice attached.

Effective October 1, 2002, the following applies to Medicare Part C crossover claims: Claims billing for procedure codes that require manual pricing that are submitted using Provider Electronic Solutions or that cross over directly from Medicare to the IHCP will deny for EOB 9008 - *Line item submitted with unclear itemization. Please resubmit with appropriate or additional information.* These claims must be resubmitted on paper with an invoice attached.

Claims submitted to Medicare with K, G, or other codes recognized by Medicare that cross over electronically, but are not recognized by the IHCP and have no rate on file, will deny with EOB 4014 - *No pricing segment on file.* These claims must be billed on paper with an appropriate Health Care Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) code that has a rate on file in IndianaAIM. The Medicare remittance notice (MRN, formerly EOMB) must be attached to the claim. If the code is manually priced in IndianaAIM, the appropriate attachment or invoice is required.

To allow for proper reimbursement for Medicare denied detail(s), an adjustment must be performed on all paid claims, including a denied detail, that cross over electronically from Medicare to the IHCP. The adjustment must be submitted with the MRN to reflect the Medicare denied service. Providers can submit the new claim containing the Medicare denied service with the adjustment. When the adjustment is completed, the analyst sends the claim to processing.

- The Academy of Pediatrics, in conjunction with the Indiana Parent Information Network, Inc., and Riley Hospital for Children will hold the *Every Child Deserves a Medical Home* training October 5, 2002, in Indianapolis.

The target audience for this training session includes pediatric health professionals and their staff, other professionals, families, managed care professionals, policy-makers, community members and other advocates who care for children with special needs. Continuing medical education units and other continuing education credits are available from this training session. For more information or to register contact Linda Hankins, Community Education and Child Advocacy Department, Riley Hospital for Children at (317) 274-6939 or send an e-mail message to lhankins@iupui.edu.

To All Pharmacy Providers:

- The following labelers entered into drug rebate agreements and joined the rebate program with a mandatory coverage date of October 1, 2002:

New Labelers	
Labeler	Labeler Code
Trisenox	60553
United Therapeutics Corporation	66302
Novavax, Inc.	66500
MSP Marketing Services (c) LLC	66582
Pharmelle, LLC	66663
VistaPharm, Inc.	66689
Parenta Pharmaceuticals, Inc.	66758
Wraser Pharmaceuticals	66992
Prasco Laboratories	66993
Colorado Biolabs, Inc.	67181
For Ever Young Products, Inc.	67197
Pharmion Corporation	67211

The following labelers are terminated effective October 1, 2002:

Terminated Labeler	
Labeler	Labeler Code
Zoetica Laboratories, Inc.	64909
Syntex Laboratories, Inc.	00033
Perrigo Company	00113
Center Laboratories	00268
ParMed Pharmaceuticals, Inc.	00349
Pfizer Pharmaceuticals Group	00710
Luitpold Pharmaceuticals	10797
Pharmaceutical Ventures, LTD	50057
Qualitest Pharmaceuticals, Inc.	52446
Praxis Biologics	53124
Vintage Pharmaceuticals, LLC	53404
SmithKline Beecham Corporation	57294
InSource, Inc.	58441
Peters Laboratories, Inc.	58728
EM Pharma	63254

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