



IMPORTANT INFORMATION

BR200344

NOVEMBER 4, 2003

To All Providers:

- All Web interChange transactions, including electronic claim submission, are subject to Health Insurance Portability and Accountability Act (HIPAA) requirements. Refer to the Indiana Health Coverage Programs (IHCP) companion guides on the IHCP Web site at www.indianamedicaid.com for new or modified requirements for electronic claim submission or other electronic transactions, which also apply to Web transactions. Companion guides are located in the manuals section and the HIPAA section of the IHCP Web site.

To All Transportation Providers:

- On the October 21 and 28, 2003, remittance advices (RAs) transportation claims inadvertently denied when modifiers DH, DN, and DR were billed with the appropriate procedure codes. Impacted claims systematically reprocessed or adjusted and appear in the RA dated November 4, 2003.

To All Dually Enrolled Medicare and Medicaid Providers:

- Beginning October 7, 2003, Medicare crossover claims reported on the proprietary electronic remittance advice (ERA) and the paper remittance advice (RA) may report incorrect dollar amounts in both the Medicare deductible segment and the Medicare coinsurance segment.

Correction of these calculations will coincide with the paper RA modification for reporting the paid amounts at the detail level. Providers will be notified of these changes in advance of implementation. Providers are reminded that the 835 transaction is required by HIPAA for electronic remittance functions and the proprietary ERA will be discontinued in the near future.

The electronic 835 transaction was not affected and reports the correct amounts in these segments. Providers can also use Web interChange to verify claim status and view the crossover data including coinsurance and deductible.

Contact the Electronic Solutions Help Desk at (317) 488-5160, in the Indianapolis local area, or 1-877-877-5182 with questions.

To All Nursing Facility and Pharmacy Providers:

- This is a reminder to all nursing facility and pharmacy providers that effective October 1, 2003, legend and non-legend water products are included in the nursing facility per diem rate. This change is pursuant to a final rule, *LSA # 02-207*, which was published August 1, 2003, in the Indiana Register, *26 IR 3632*.

Therefore, legend and non-legend water products are not to be billed separately to Medicaid by the nursing facility, pharmacy, or other Medicaid provider furnishing these products.

To All Pharmacy Providers:

- Effective November 4, 2003, the State Maximum Allowable Cost (SMAC) rate for the following drug groups will be updated.

Group	Drug Group Name	SMAC
146	ALPRAZOLAM 0.25MG TABLET	\$0.0382
9	CEFAZOLIN 1GM	\$1.6930
141	GEMFIBROZIL 600MG TABLET	\$0.2680
318	LABETALOL HCL 200MG TABLET	\$0.2687
113	TOBRAMYCIN 40MG/ML SOL	\$2.5711

Effective December 18, 2003, the SMAC rate for the following drug groups will be updated.

Group	Drug Group Name	SMAC
628	ACETAMINOPHEN/COD #2 TABLET	\$0.0980
406	ACETYLCYSTEINE 10% VIAL	\$0.2278
214	AMOX TR-K CLV 875-125MG TAB	\$4.2919
571	ANCEF 10GM VIAL	\$10.5180
461	BUTALBITAL/CAFF/APAP/COD CP	\$1.1674
501	CARISOPRODOL CPD/CODEINE TB	\$1.2359
531	CHOLESTYRAMINE LIGHT POWDER	\$0.0465
660	CLEMASTINE 0.67MG/5ML SYRUP	\$0.0595
564	CLOMIPRAMINE 75MG CAPSULE	\$0.2428
353	CLORAZEPATE 15MG TABLET	\$0.3157
653	CROMOLYN 4% EYE DROPS	\$1.2600
597	DILTIAZEM 90MG TABLET	\$0.1157
601	ESTAZOLAM 1MG TABLET	\$0.2994
272	FLUVOXAMINE MALEATE 25MG TB	\$1.8881
172	HALOPERIDOL DEC 100MG/ML VL	\$10.4012
106	HALOPERIDOL DECANOATE 50MG SUS	\$14.0544
447	HYDROCHLOROTHIAZIDE 50MG TB	\$0.3734
27	LORAZEPAM 2MG/ML	\$3.0804
672	NIFEDIPINE 20MG CAPSULE	\$0.1543
245	NIZATIDINE 300MG CAPSULE	\$2.1637
644	ORPHENADRINE COMP TABLET	\$0.1927
480	OXAZEPAM 30MG CAPSULE	\$0.4769
555	PEMOLINE 37.5MG TABLET CHEW	\$0.8182
472	PEMOLINE 75MG TABLET	\$0.5684
435	SELEGILINE HCL 5MG TABLET	\$0.1417
401	SOTALOL 120MG TABLET	\$0.4173
600	SOTALOL 160MG TABLET	\$0.3970
647	THIOTHIXENE 1MG CAPSULE	\$0.0871
1	VANCOMYCIN 1GM	\$5.6700

Please direct questions concerning the SMAC to the Myers and Stauffer Pharmacy Unit at 317-846-9521 or 1-800-877-6927, or by e-mail at pharmacy@mslc.com.

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