



## 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 Indiana Medicaid Pharmacy Providers:**

- New Labelers

The following labeler has entered into a drug rebate agreement and is joining the rebate program effective July 1, 1999.

Excellium Pharmaceutical, Inc. (Labeler Code 64125)

- Did you know that the Pharmacy Point-of-Sale /Pro Drug Utilization Review (POS/ProDUR) Helpdesk has a toll-free number? The number, which became effective on January 4, 1999 is 1-877-877-5182. Beginning June 1, 1999, the local number for the POS/ProDUR Helpdesk, (317) 488-5069, will no longer be used. Calls made to the local number after that time will receive a recorded message informing pharmacy providers to use the toll-free number. Using the toll-free number eliminates the long distance charges that pharmacies pay outside the 317 area code, and reduce the number of calls ringing busy. Start using the 1-877-877-5182 number NOW!

**To All Indiana Medicaid Providers:**

- System modifications have been completed to allow multiple providers to bill against prior authorization (PA) units for surgery, lab or electromyography (EMG) units for the same date of service. The system enhancement affects HCFA Common Procedure Coding System (HCPCS) procedure codes, submitted with or without a modifier, in the 10000-99999 range. The system enhancement will ensure payment to all billing providers without the need to request PA updates. Claims from the surgeon will decrement the PA line item, while claims submitted by anesthesiologists, assistant surgeons and other billing providers will check for a PA on file but bypass the decrementation process. It is the responsibility of one of the rendering providers to request prior authorization. All potential billing providers are responsible for determining that PA has been granted before performing or billing non-emergency services. The use of modifiers, as outlined in chapter 10-3-20 of the *Indiana Medicaid Provider Manual*, is imperative to ensure proper payment is made.
- Banner pages dated February 2, 9, 16, 1999, clarified that explanation of benefit (EOB) attachments did not have to be submitted with the claim when there was a third party liability (TPL) payment made and the TPL amount was entered on the claim form. However, this policy does not apply to Medicare crossover claims that do not cross over and must be submitted to Medicaid on paper. When Medicare has made a payment or denied a payment, the Explanation of Medicare Benefit

(EOMB) must be submitted with the Medicaid paper claim when filing for payment.

- There were claims that inappropriately denied for Edit 4110 in claims cycles March 2, 9, 16, 1999. Edit 4110 states the interpretation of non-anatomical laboratory procedures, other than consultative pathology, do not require the services of a physician. The intent of this edit is to deny the physician claim when both the laboratory and physician bill for the following services: 80002-80009, 81000-85048, 85150-86076, 86080-87253, 88140-88155, 88230-88289, 89050-89365. The affected claims will be systematically reprocessed and/or mass adjusted and will appear on the remittance advice notices for March 23, 30, 1999.
- The Vaccines For Children (VFC) program will soon add rotavirus, CPT code 90680, to the list of vaccines available at no cost to providers enrolled in the VFC program. Once rotavirus is distributed to VFC-enrolled providers, Indiana Medicaid's reimbursement for this vaccine will be limited to the \$8 VFC administration fee. The State Department of Health anticipates that rotavirus will be available through the VFC program beginning in June 1999. Medicaid providers will receive at least 45 days advance notice of this upcoming program change. Please watch for future bulletins and updates regarding the effective date of the Medicaid reimbursement change for the rotavirus vaccine.

### **To All Indiana Medicaid certified Nursing Facilities:**

- On November 16, 1998, EDS mailed an Indiana Medicaid Update (E98-40) to all Medicaid certified nursing facilities regarding the changes to the Form 450B process for dates of service on or after October 1, 1998. This bulletin also introduced the new Form 450B State Authorization/Data Entry (SA/DE). It has come to our attention that many nursing facility personnel are unfamiliar with the changes to the 450B process and unaware of the Form 450B SA/DE. It is **imperative** that this Medicaid Update (E98-40) be disseminated to all staff members who are responsible for Form 450B completion. Additionally, please note that the **Form 450B SA/DE issued by the State officially replaces Form 450B** for purposes of both the authorization of nursing facility admission and Medicaid reimbursement. If you need to obtain a copy of this Indiana Medicaid update, please contact EDS Customer Assistance at (317) 855-3240 or 1-800-577-1278.