



**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 Providers:**

- Provider bulletin BT199910 dated April 1, 1999, identified new and deleted HCPC codes and modifiers for 1999. Modifiers AK, AL, AN, AU, AV, AW, and AY were incorrectly identified as deleted modifiers. Providers should note that modifiers AK, AL, AN, AU, AV, AW, and AY are valid and will continue to be recognized by the Indiana Medicaid Program.
- The Indiana Medicaid Drug Utilization Review (DUR) Board meeting scheduled for June 11, 1999, has been cancelled. The meeting has been rescheduled for Thursday, July 1, 1999, at 9:30 a.m. in the Conference Center, Room 4 in the Indiana State Government Center South Building.

**To All Indiana Medicaid Pharmacy Providers:**

- The following labelers have entered into drug rebate agreements and are joining the rebate program effective July 1, 1999:  
Geritrex Corporation (labeler code 54162)  
Ligand Pharmaceuticals (labeler code 64365)  
Integrity Pharmaceutical Corporation (labeler code 64731)  
Algos Pharmaceutical Corporation (labeler code 64813)
- The following labeler has entered into a drug rebate agreement and is joining the rebate program effective October 1, 1999:  
Imiren Pharmaceuticals, Inc. (labeler code 61808)
- The following labeler has been reinstated in the drug rebate program effective July 1, 1999:  
Dermarite Industries LLC (labeler code 61924)
- The following labelers are being terminated from the rebate program effective July 1, 1999:  
Dunhall Pharmaceuticals (labeler code 00217)  
Crandall Associate, Incorporated (labeler code 00392)  
Remedy Makers (labeler code 10191)  
Alra Laboratories, Incorporated (labeler code 51641)  
Advanced Remedies, Incorporated (labeler code 57685)  
Optimum Pharmaceuticals LLC (labeler code 61298)  
Brightstone Pharma, Incorporated (labeler code 62939)  
National Vitamin Company (labeler code 79854)
- Effective May 29, 1999, the Pharmacy Point of Sale/Prospective Drug Utilization Review (POS/ProDUR) Helpdesk local number has been disconnected. The POS/Pro-DUR Helpdesk can be contacted only by dialing the toll-free number, 877-877-5182.
- This is to notify all pharmacy providers of changes to the Medicaid Drug Federal Upper Limit (FUL). The following chart indicates products that have been deleted from the Medicaid FUL effective June 16, 1999:

<b>Drug</b>	<b>Strength</b>
Clonidine Hydrochloride	0.1 mg, Tablet, Oral 100 0.2 mg, Tablet, Oral 100 0.3 mg, Tablet, Oral 100
Cyproheptadine Hydrochloride	2 mg/5ml, Syrup, Oral 480 ml
Doxepin Hydrochloride	Eq. 10 mg. base, Capsule, Oral 100 Eq. 25 mg. Base, Capsule, Oral 100

Drug	Strength
	Eq. 50 mg. Base, Capsule, Oral 100 Eq. 75 mg. Base, Capsule, Oral 100 Eq. 100 mg. Base, Capsule, Oral 100 Eq. 150 mg. Base, Capsule, Oral 100
Isosorbide Dinitrate	30 mg, Tablet, Oral 100
Meprobamate	200 mg, Tablet, Oral 100 400 mg, Tablet, Oral 100
Probenecid	500 mg, Tablet, Oral 100
Propoxyphene Hydrochloride	65 mg, Capsule, Oral 100
Propranolol Hydrochloride	10 mg, Tablet, Oral 100 20 mg, Tablet, Oral 100 40 mg, Tablet, Oral 100 60 mg, Tablet, Oral 100 80 mg, Tablet, Oral 100

### To All Indiana Medicaid Dialysis Providers:

The following chart clarifies the addresses that should be used when submitting claims for dialysis or end-stage renal disease related services.

Claim Form	Address
HCFA 1500 without Form 8A	EDS HCFA 1500 Claim P.O. Box 68769 Indianapolis, IN 46268-0769
HCFA 1500 Crossovers without Form 8A	EDS HCFA 1500 Crossovers P. O. Box 68767 Indianapolis, IN 46268-0767
UB92 Form Crossover/Outpatient without Form 8A	EDS UB92 Crossover/Inpatient/Outpatient Claims P.O. Box 68760 Indianapolis, IN 46268-0760
Any Medicaid claims with a Form 8A	EDS Provider Services Department P.O. Box 68420 Indianapolis, IN 46268-0420 Attn: Karen Sidwell

Should you have any questions regarding the submission of claims for dialysis or end-stage renal disease related services, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.