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To All Indiana Health Coverage Programs Providers:

- The new 2000 Health Care Financing Administration Common Procedure Coding System (HCPCS) codes have been added to the IndianaAIM claims processing system. The HCPCS codes will be identified in an upcoming Indiana Health Coverage Programs (IHCP) bulletin. The new codes are effective for dates of service on or after January 1, 2000.

Note: The standard global billing procedures and edits apply when using the new codes.

IHCP recognizes the same deleted HCPCS codes as Medicare. A list of deleted codes will also be included in the upcoming bulletin. A grace period of 90 days will be given for using the deleted codes. Claims submitted with service dates prior to April 1, 2000, will be accepted with the old codes. Claims submitted with service dates on or after April 1, 2000, will be denied if deleted or invalid procedure codes are used.

- The following tables show the new 2000 HCPCS procedure code to be used in place of the three deleted HCPCS procedure codes that have been end-dated December 31, 1999:

New 2000 HCPCS Procedure Code

Code	Description	Dose
J1750	Injection, Iron Dextran	50 mg

Note: This new procedure code requires billing by 50-milligram doses, not by volume (cc) administered. If 100 milligrams were administered, then providers should bill two units of J1750.

Deleted HCPCS Procedure Codes

Code	Description	Volume
J1760	Injection, Iron Dextran	2 cc
J1770	Injection, Iron Dextran	5 cc
J1780	Injection Iron Dextran	10 cc

To All Indiana Health Coverage Programs Transportation Providers Enrolled as For-Profit Ambulatory and Nonambulatory Common Carriers:

- The Indiana Motor Carrier Services (MCS) Division of the Indiana Department of Revenue has informed EDS and the Office of Medicaid Policy and Planning (OMPP) of its decision to extend the licenses of all registered common carrier transportation entities from December 31, 1999, to March 1, 2000. EDS and the OMPP have systematically extended provider eligibility for all transportation providers enrolled with **provider type 26 and specialties 264 and 265** in IndianaAIM to recognize the extension granted by the MCS. Therefore, claims will not deny for expired eligibility until March 1, 2000, for providers enrolled with the provider type and specialties listed above.

Providers enrolled with the type and specialties listed above should begin receiving renewed licenses (Credential As) prior to the extended expiration date of March 1, 2000. Once providers receive new licenses, they need to send a copy of the new license, provider number, and service location suffix to the EDS Provider Enrollment Unit at the following address:

EDS

Attention: Provider Enrollment Unit

P.O. Box 68420

Indianapolis, IN 46268-0420

Providers that have concerns or questions regarding certification requirements should contact MCS Customer Assistance at (317) 615-7350. All other inquiries may be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Programs Pharmacy Providers:

- In the first quarter of the year 2000, IndianaAIM will be modified with the implementation of claims processing system edits that will deny payment of claims for over-the-counter (OTC) drugs **not listed** on the Indiana Health Coverage Programs (IHCP) OTC Drug Formulary. The formulary, developed and implemented in conjunction with recommendations of the State's Medicaid Drug Utilization Review Board, contains the major therapeutic categories of OTC drugs. The OMPP **strongly urges** pharmacy providers to re-evaluate procedures to ensure that **only** OTC drugs in the formulary are dispensed and billed to the IHCP. If you have questions regarding the formulary status of any particular OTC drug, please contact the POS/Pro-DUR Help Desk at 1-877-877-5182.
- The following product has been added by the Health Care Financing Administration (HCFA) into the Drug Efficacy Study and Implementation Drug Listing as a noncovered product for IHCP reimbursement:

Noncovered Product for IHCP Reimbursement

Product Name	National Drug Code (NDC)	Labeled Strength	Dosage Form	Effective Date
Methenamine MD	00144-0505-01	500 mg	Tablet	January 1, 2000

- The following products have been deleted from the Medicaid Drug Federal Upper Limit (FUL) effective January 15, 2000:

Deleted Products from the Medicaid FUL Effective January 15, 2000

Generic Name	Dosage
Acetaminophen; Hydrocodone Bitartrate	500 mg; 5 mg, Tablet, Oral 100
Cephadrine	250 mg, Capsule, Oral 100
Cyproheptadine Hydrochloride	4 mg, Tablet, Oral 100
Disopyramide Phosphate	Eq. 100 mg Base, Capsule, Oral 100 Eq. 150 mg Base, Capsule, Oral 100
Hydrochlorothiazide	25 mg, Tablet, Oral 100 50 mg, Tablet, Oral 100
Tolmetin Sodium	Eq. 400 mg Base, Capsule, Oral 100 Eq. 600 mg Base, Tablet, Oral 100

To All Indiana Health Coverage Programs Chiropractors:

- The purpose of this banner message is to clarify the banner message that was sent with the remittance advice notice on December 7, 1999. There have been no changes to services that can be provided to traditional Medicaid or Hoosier Healthwise members by chiropractors. Members remain eligible for up to 50 treatment services per calendar year. In addition, members may receive five office visits, specifically codes 99201-99203, for new patients, in combination with codes 99211-99213 for established patients in a calendar year. New patient codes are limited to one per provider, per member, but total new and established visits for a member may not exceed five per calendar year.

Please note that Package C members of the Hoosier Healthwise Program are eligible for five office visits per calendar year as described above. They are also eligible for 50 treatments per calendar year, but since funding for this program is separate from Medicaid, after 14 treatments, prior authorization (PA) must be obtained by writing to: Health Care Excel, P.O. Box 531520, Indianapolis, IN 46253-1520. A PA form and directions for submitting PA requests can be found in the IHCP Provider Manual (chapter 6) which may be found at www.indianamedicaid.com.

Currently, chiropractors can access the Eligibility Verification Systems (EVS), Automated Voice Response (AVR), National Electronic Claims Submission (NECS), and OMNI to obtain information regarding whether a member has exhausted the five visits. However, from January 10, 2000, through June 2000, this information will no longer be available on AVR, NECS, or OMNI. An analysis of claims billed by chiropractors for office visits indicated that if each chiropractor tracks office visits for each member, providers will be able to verify when the enrollee has reached the limit of five per calendar year. Eligibility information for all Medicaid and Hoosier Healthwise members will be available on all EVS effective January 10, 2000.