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To All Indiana Health Coverage Programs Providers:

- Providers are **strongly encouraged** to take advantage of one of the 70 statewide training sessions in the following three months. A registration form and a complete schedule of workshop dates were in bulletin *BT199929, Hoosier Healthwise Package C Training Schedule*, dated November 24, 1999, and are also available on the Indiana Medicaid Web site, www.indianamedicaid.com.

Providers were notified in bulletin *BT199929* of a series of Indiana Health Coverage Programs (IHCP) training sessions developed by EDS, the Children's Health Insurance Program Office (CHIP Office), and the Office of Medicaid Policy and Planning (OMPP). The Hoosier Healthwise Package C training schedule began December 16, 1999, and will continue through March 21, 2000. These training sessions cover pertinent information regarding the restructuring of the IHCP and the implementation of Hoosier Healthwise Package C – CHIP.

- The purpose of this banner message is to outline information regarding three changes taking place in the Vaccine for Children (VFC) Program. The changes include the following:
 - Transfer of VFC ordering, distribution, and accountability from the Indiana State Medical Association (ISMA) to the Indiana State Department of Health (ISDH) beginning January 1, 2000
 - Addition of Hoosier Healthwise Package C to the VFC delivery system
 - Update of reporting forms to include a column to indicate the number of vaccines given to children enrolled in Hoosier Healthwise Package C

The impact of these changes on the VFC Program is minimal and will be explained in detail in bulletin *BT200007, Vaccine for Children Update*, dated January 12, 2000. As always, the IHCP appreciates your efforts to immunize Indiana's children.

- 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 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 HCPCS procedure codes that will be deleted:

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 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 Traditional Medicaid's 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 OTC drugs for Traditional Medicaid members are in the formulary before dispensing and billing 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 Traditional Medicaid Program reimbursement:

Noncovered Product for Traditional Medicaid Program 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