



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 0 4 9

D E C E M B E R 5 , 2 0 0 0

To All Indiana Health Coverage Program Dental Providers:

- Between November 14, 2000, and November 29, 2000, dental claims billed for services requiring *tooth number* or *surface identification* erroneously denied for *Explanation of Benefit Code 5001 – Exact Duplicate*. EDS will systematically mass-adjust and mass-reprocess all affected claims by the week of December 15, 2000. Providers **do not** need to notify EDS or resubmit denied claims. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Program Providers:

- If an enrolled Indiana Health Coverage Programs provider operates and receives payment for multiple service locations, such as multiple clinic sites owned by the same corporation, the billing provider will be issued one provider number. However, all individual service locations are issued a unique alpha suffix such as A, B, C, and so forth, at the end of the provider number, that is referred to as a location code. The billing provider number and location code for the location where the service was performed must be entered in *box 33* of the HCFA-1500 claim form. The rendering provider number cannot be entered in box 33, and only one provider number can be used in box 33. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Hoosier Healthwise PrimeStep/PCCM Primary Medical Providers:

- Certification code letters will look different starting in December 2000. The new style has the certification code information printed on the inside of one sheet that is folded and pressure-sealed with address information on the outside.

In order to improve distribution during high volume mailing periods, all quarterly certification code letters will be generated earlier and should arrive three weeks before the quarter begins.

Certification code letters are always mailed to the service location where the primary medical provider (PMP) is assigned. PMPs associated with a group should receive certification code letters at the address on file for their PMP group service location. PMPs at individual locations should receive certification code letters at the address on file for their PMP individual service location. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Program Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- The Medicaid Drug Federal Upper Limit (FUL) has once again been updated and the changes impact the recent *Bulletin BT200047 “Updates and Revised Federal Upper Limits”*, dated November 17, 2000.

- The following product has been deleted from the Medicaid FUL list effective December 7, 2000:

Generic Name

Thiothixene Hydrochloride
Eq 5 mg base/ml, Concentrate, Oral, 120 ml.

- The following Medicaid FUL rate changes will be effective December 7, 2000:

Generic Name

Price

Acetazolamide 125 mg, Tablet, Oral, 100	\$0.0760
Albuterol 0.09mg/inh, Aerosol, Metered, Inhalation, 17 gm.	\$0.3490
Amitriptyline Hydrochloride 25 mg, Tablet, Oral, 100	\$0.0330
Haloperidol 0.5 mg, Tablet, Oral, 100	\$0.0360
5 mg, Tablet, Oral, 100	\$0.0570
Meclizine Hydrochloride 12.5 mg, Tablet, Oral, 100	\$0.0370
Oxazepam 30 mg, Capsule, Oral, 100	\$1.1200

- On January 1, 2001, EDS will end-date all NDC/HRI/UPC codes from the IndianaAIM system that were maintained by Medi-Span. Approximately 9,600 NDC/HRI/UPC codes from Medi-Span that exist on the IndianaAIM drug file are no longer effective and will be end-dated to prevent payment of claims utilizing the Medi-Span codes. For those services that have been prior authorized using a Medi-Span code, subsequent claims will deny for *Explanation of Benefit Code 4002 – NDC/HRI/UPC indicates a non-reimbursable item on date of service*. Providers receiving this explanation of benefit code should send the HCE Prior Authorization department a system update request so future charges will have proper prior authorization. EDS now utilizes the National Drug Data File (NDDF) from First Data Bank, to provide and maintain all pharmacy pricing information for claim payment of pharmacy services for its members.

Any provider affected by the end-dated NDC/HRI/UPC codes will be notified by letter from HCE prior to January 1, 2001. Pharmacy providers are reminded to utilize the exact NDC/HRI/UPC code that is taken from the product's package when submitting a claim to the IHCP for pharmacy products dispensed to its members. It is never appropriate or permissible to bill an NDC/HRI/UPC code other than appears on the package dispensed, or the package from which the product was dispensed. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278, or contact the EDS Pharmacy POS Helpdesk at 1-877-877-5182.