



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 Health Coverage Program Providers:

- The Indiana Health Coverage Programs (IHCP) fee schedule is currently being updated to include the following:
 - 1.) Information regarding covered services by program
 - 2.) Prior authorization requirements by program
 - 3.) HCPCS 2001 codes

Effective November 29, 2000, all requests for IHCP fee schedules will be held until the updated version can be mailed in order to ensure providers receive the most current version of the fee schedule. These requests will be filled when the 2001 fee schedule is available in January 2001. A banner message will be issued when the updated fee schedule is available on the Website at www.indianamedicaid.com, and available for mailing. Providers who have paid for a fee schedule and do not wish to wait for the updated version may contact EDS Customer Assistance to request the current outdated version of the schedule. 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 Programs Enrolled Hospitals and End Stage Renal Disease Facilities:

- The procedure for submitting claims to the Indiana Health Coverage Programs (IHCP) for Medicare/Medicaid eligible members who receive renal dialysis services has changed. Banner messages in 1997 requested submission of spenddown claims to the appropriate field consultant for special handling. These claims should not be submitted to the field consultants. For faster payment consideration, current claims for spenddown members who do not meet the spenddown deductible amount the first day of the month should be submitted to the regular crossover claim address. 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 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 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

- The following labelers have entered into drug rebate agreements and have joined the rebate program effective January 1, 2001:

Layton BioScience, Inc. (Labeler Code 17205)
3M Pharmaceuticals (Labeler Code 17518)
3M Pharmaceuticals (Labeler Code 21200)
3M Pharmaceuticals (Labeler Code 51131)
Medefil, Inc. (Labeler Code 64253)
Cutis Pharma, Inc. (Labeler Code 65628)
Transkaryotic Therapies, Inc. (Labeler Code 65757)
Lifecycle Ventures, Inc. (Labeler Code 65939)

- The following labelers are terminated effective January 1, 2001:

Dupont Merck Pharmaceutical Co. (Labeler Codes 00060 and 00094)
AP Pharmaceuticals, Inc. (Labeler Code 00409)
Vital Signs, Inc. (Labeler Code 08166)
Mass Public Health (Labeler Code 14362)
Calgon Vestal Laboratories (Labeler Codes 08237 and 55559)
Apothecus Pharmaceutical Corporation (Labeler Code 52925)
Medline Industries, Inc. (Labeler Code 53329)
Parke-Davis, Div. of Warner-Lambert Co. (Labeler Code 53592)
Laboratorios Atral, S.A. (Labeler Code 53862)
Horizon Products Company (Labeler Code 54580)
Genderm (Labeler Code 57284)
Accumed (Labeler Code 60876)
Imiren Pharmaceuticals, Inc. (Labeler Code 61808)
Unigen Pharmaceuticals, Inc. (Labeler Code 62305)

- The following labeler are retroactively terminated as of January 1, 2000:

Pfizer Pharmaceuticals Group (Labeler Code 00995)
Novo Nordisk Pharmaceuticals, Inc. (Labeler Code 50445)
Novartis Pharmaceuticals Corporation (Labeler Code 58345)