



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 Programs Providers:

- Rendering billing bulletin *BT200115* dated April 15, 2001 was recently issued with information about updating provider enrollment information. Not all providers need to complete the forms included in bulletin *BT200115*. The forms are only for use by providers reporting provider enrollment changes. Use of the forms instead of a letter becomes mandatory May 31, 2001.

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- Bulletin BT200046 published December 8, 2000, gave information about the Surveillance And Utilization Review department's provider review and appeal procedures. The bulletin listed the incorrect telephone number to call with questions regarding the appeal process. ***The correct phone number is 800-457-4515.*** We apologize for any inconvenience this may have caused.
- In an effort to minimize the number of duplicate claim submissions, providers are advised to use the HCFA or UB-92 adjustment form whenever requesting additional or decreased reimbursement from the Indiana Health Coverage Programs (IHCP). Submitting corrected claims, instead of adjusting the original claim, will cause denials for duplicate claims based on the claim header information of member name, recipient identification number, date of service and provider number. Complete instructions for requesting adjustments is located in *Chapter 11* of the *Indiana Health Coverage Programs Provider Manual*. Forms can be downloaded free of charge from the IHCP Web site at www.indianamedicaid.com, or can be requested in writing from EDS at the following address:

**EDS Forms Request
PO Box 7263
Indianapolis, IN 46207-7263**

Please direct questions to 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 Providers Using the Dental Claim Form, HCFA-1500 Claim Form, and UB-92 Outpatient Claim Form:

- The Indiana Health Coverage Programs (IHCP) Web site, www.indianamedicaid.com, has been updated to include the IHCP Fee Schedule. Only providers who bill services on Dental Claim Forms, HCFA-1500 Claim Forms, and UB-92 Outpatient Claim Forms should use this fee schedule. The information contained on this fee schedule does not pertain to providers who use UB-92 Inpatient Claim Forms or Pharmacy Claim Forms.

The IHCP Fee Schedule has been enhanced to provide optimum information regarding current procedural terminology (CPT- 4) codes, Health Care Financing Procedure Coding System (HCPCS) and current dental terminology (CDT) codes currently recognized by the IHCP, generally referred to as *procedure codes*.

Information regarding each procedure code, such as program coverage, the maximum allowed fee, prior authorization requirements, and anesthesia base units is available on the fee schedule. Information about individual program benefits is available in the IHCP Provider Manual.

The Web site is an interactive site that allows providers to ***View the Entire Fee Schedule, Search by an Individual Procedure Code, Search by a Procedure Code Range, or Search by Procedure Code Description.*** The Web site includes *procedure code range* and *keyword* search capabilities.

To print the entire or partial fee schedule, please see **Printing Tips** on the Web site. The fee schedule prints on approximately 360 pages. Providers can receive a paper copy by sending a request and a check payable to EDS for \$43.00 to the following address:

**EDS Provider Written Correspondence
PO Box 7263
Indianapolis, IN 46207-7263**

EDS updates the IHCP Fee Schedule monthly, making prior months' **paper** copies obsolete; therefore, it might not be practical to print the fee schedule or order copies frequently. However, providers can access the Web site for the most current information regarding procedure codes recognized by the IHCP.

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Medicaid Pharmacy Providers:

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

- The following changes are being made to the Medicaid Drug Federal Upper Limits (FUL). The following products have been deleted from the Medicaid FUL effective May 2, 2001.

Cephalexin

EQ 125mg Base/5ml, Powder for Reconstitution, Oral, 200
EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 100
EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 200

Haloperidol

10mg, Tablet, Oral, 100

Penicillin V Potassium

EQ 250mg Base, Tablet, Oral, 100

Procainamide Hydrochloride

500mg, Tablet, Extended Release, Oral, 100

Trimethoprim

100mg, Tablet, Oral, 100

- The following products have changes to their FUL rate that will be effective May 2, 2001.

<u>Generic Name</u>	<u>FUL Rate</u>
Acetaminophen; Codeine Phosphate	
300mg; 30mg, Tablet, Oral, 100	\$0.1465
300mg; 60mg, Tablet, Oral, 100	\$0.2364
Brompheniramine Maleate; Dextromethorphan Hydrobromide; Psuedoephedrine HCL	
2mg/5 ml; 10mg/5 ml; 30mg/5 ml, Syrup, Oral, 480 ml	\$0.0205
Carbidopa; Levodopa	
10mg; 100mg, Tablet, Oral, 100	\$0.3645
25mg; 100mg, Tablet, Oral, 100	\$0.3915
25mg; 250mg, Tablet, Oral, 100	\$0.4657
Gramicidin; Neomycin Sulfate: Polymixin B Sulfate	
0.025 mg/ml; Eq 1.75 mg Base/ml; 10,000 Units/ml Soln/Drops, Ophthalmic 10 ml	\$1.8525
Isoniazid	
300mg, Tablet, Oral, 100	\$0.0672
Metoclopramide Hydrochloride	
EQ 10mg Base, Tablet, Oral, 100	\$0.0435
Nystatin	
500,000 Units, Tablet, Oral, 100	\$0.4717



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

P R O V I D E R W O R K S H O P S

The Office of Medicaid Policy and Planning (OMPP), the Office of Children’s Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend the 2001 second quarter IHCP workshops free of charge. The morning session will begin promptly at 9 a.m., and is designed for newly enrolled providers and new billing analysts. Directions to workshop locations will be available on the IHCP Web site by Friday, May 4, 2001.

Table 1.1 – IHCP Workshop Locations

Workshop Date	Registration Deadline	City	Location
June 4, 2001	May 29, 2001	Richmond	Reid Memorial Hospital-Wallace Auditorium 1401 Chester Blvd. Richmond, Indiana
June 12, 2001	June 5, 2001	Indianapolis	Methodist Hospital - Petticrew Auditorium 165 at 21 st Street Indianapolis, Indiana
June 12, 2001	June 5, 2001	Terre Haute	Terre Haute Regional 1606 N. 7 th Street Terre Haute, Indiana
June 14, 2001	June 7, 2001	Fort Wayne	Lutheran Hospital-Kachmann Auditorium 7950 W. Jefferson Fort Wayne, Indiana
June 20, 2001	June 13, 2001	Crown Point	St. Anthony Medical Center Marian Education Center 1201 South Main Street Crown Point, Indiana

Table 1.2 – Session Information

Time	Topic
9:00-11:45 a.m.	IHCP 101 Workshop 590 Program Traditional Medicaid Program Hoosier Healthwise Benefit Packages Eligibility Verification Systems (EVS) Third party liability (TPL) Claim processing guidelines
1:00-3:30 p.m.	Provider Electronic Solutions Web demo New Crossover Claim Forms Common filing errors on both UB-92 and HCFA Crossover claim forms Effect of provider numbers on the automation process Trading partner participation with the IHCP programs Question and Answer Session/Meet your Provider Relations Field Consultant

Registration: Please print or type the information below and fax to (317) 488-5376.

Name of Registrant (s) _____

Provider Number _____

Provider Name _____

Provider Address _____

City _____ State _____ ZIP _____

Provider Telephone _____ Provider Fax _____

I (we) will attend:

June 4, 2001, Richmond both sessions a.m. session only p.m. session only

June 12, 2001, Indianapolis both sessions a.m. session only p.m. session only

June 12, 2001, Terre Haute both sessions a.m. session only p.m. session only

June 14, 2001, Fort Wayne both sessions a.m. session only p.m. session only

June 20, 2001, Crown Point both sessions a.m. session only p.m. session only

*Note: Seating for these sessions is limited to two registrants per provider number. An EDS staff member will contact your office prior to the workshop to confirm your attendance. **Workshop registrations will be accepted until the workshop deadline or until capacity is reached. Receipt of your fax does NOT guarantee registration. If you do not receive a phone call from an EDS staff member your attendance is NOT confirmed due to seating capacity.** These workshops will be offered each quarter and information about future workshops will be forthcoming. Please direct any questions regarding these workshops to EDS representatives at (317) 488-5195.*