



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

B R 1 9 9 9 0 7

F E B R U A R Y   1 6 ,   1 9 9 9

**To All Indiana Medicaid Providers:**

- The purpose of this message is to clarify the policy regarding third party liability (TPL) explanation of benefit (EOB) attachments with claim submissions. Specifically, when payment is received from an insurance company, the amount received should be indicated in the TPL field on the claim form. The following denotes the appropriate form locator for TPL payments by claim type:  
 UB92–Form Locator 54 A-B  
 HCFA1500–Form Locator 29  
 Dental Form–Form Locator 30  
 It is **not necessary** to submit the EOB with the claim. The EOB must be kept on file to substantiate the amount indicated on the claim.

**To All Indiana Medicaid Pharmacy Providers:**

- This is to notify all Pharmacy Providers of changes to the Medicaid Drug Federal Upper Limit (FUL). The following products have been deleted from the Medicaid FUL effective February 22, 1999:  
**Allopurinol**  
 300 mg Tablet, oral 100  
**Dexamethasone Sodium Phosphate**  
 Eq. 0.05% Phosphate, Ointment, Oph 3.5 gm  
 Eq. 0.1% Phosphate, Solution/Drops, Oph 5 ml  
**Dexamethasone Sodium Phosphate; Neomycin Sulfate**  
 Eq. 0.1% Phosphate; Eq. 3.5 mg base/ml  
 Solution/Drops, Ophthalmic 5ml  
**Metaproterenol Sulfate**  
 10 mg, Tablet, Oral 100  
 20 mg, Tablet, Oral 100  
**Methocarbamol**  
 500 mg, Tablet, Oral 100  
 750 mg, Tablet, Oral 100  
**Prednisolone Sodium Phosphate**  
 Eq. 0.9% Phosphate; Solution/Drops, Oph 5 ml  
 Phosphate; Solution/Drops, Oph 15 ml  
**Sulfisoxazole**  
 500 mg, Tablet, Oral 100

- The following products were incorrectly reported as deleted products from the Medicaid FUL effective July 31, 1998. These products are still listed products in the Medicaid FUL and should have been reported with price changes effective September 1, 1998. Although the products were reported as deleted from the Medicaid FUL, Indiana Medicaid has continued to reimburse pharmacy providers at the accurate Medicaid FUL rate. No action is therefore required from pharmacy providers. The products and their FUL rates are listed below:

**Metronidazole**

250 mg, Tablet, Oral 100 - \$0.0823

500 mg, Tablet, Oral 100 - \$0.1669

**Quinidine Gluconate**

324 mg, Tablet, Extended Release, Oral 100 - \$0.5118