



## 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 Medicaid Pharmacy Providers:

The following products have been deleted from the Medicaid Drug Federal Upper Limit (FUL) effective October 22, 1999:

Generic Name	Dosage
Erythromycin Estolate	Eq. 250 mg Base, Capsule, Oral 100
Folic Acid	1 mg, Tablet, Oral 100 1 mg, Tablet, Oral 1000
Ibuprofen	400 mg, Tablet, Oral 100 600 mg, Tablet, Oral 100 800 mg, Tablet, Oral 100
Lidane	1%, Lotion, Topical 60 ml 1%, Lotion, Topical 480 ml 1%, Shampoo, Topical 60 ml 1%, Shampoo, Topical 480 ml
Minoxidil	2.5 mg, Tablet, Oral 100 10 mg, Tablet, Oral 100
Piroxicam	10 mg, Capsule, Oral 100 20 mg, Capsule, Oral 100
Ranitidine Hydrochloride	Eq. 150 mg Base, Tablet, Oral 100 Eq. 300 mg Base, Tablet, Oral 100
Valproic Acid	250 mg, Capsule, Oral 100

### To All Indiana Medicaid Certified Nursing Facilities and Intermediate Care Facilities for the Mentally Retarded:

All Long Term Care (LTC) providers must have a State-approved Form 450B or 450B SA/DE on file in IndianaAIM for their provider number before billing for services provided to a recipient. This is a second reminder. The first reminder ran on April 20, 1999, BR199916. The billing provider number on the LTC claim must match the provider number from the State-approved Form 450B or 450B SA/DE in IndianaAIM for the dates of service being billed. If an LTC claim is billed before

information from the approved Form 450B or 450B SA/DE has been entered into the IndianaAIM system, the claim will deny for Edit 1024, *Billing provider is not recipient's listed LTC provider, please verify provider number and resubmit.*

**When an LTC claim denies for Edit 1024, the provider should verify the status of the Form 450B or 450B SA/DE.** If the facility has a State-approved Form 450B or 450B SA/DE, with the correct provider number for the billing facility for the dates of service billed, the approved Form 450B or 450B SA/DE should be resubmitted to the Office of Medicaid Policy and Planning (OMPP). Please include a cover letter requesting that the information be data-entered into the IndianaAIM system due to claim denial for Edit 1024 and submit to the following address:

Ms. Nancy Hopkins  
Office of Medicaid Policy and Planning  
MS07  
402 West Washington Street  
Indianapolis, IN 46204

If the LTC facility **does not have a State-approved Form 450B or 450B SA/DE with the correct provider number for the dates of service billed**, the facility must follow the established procedures for obtaining Form 450B level of care approval from the OMPP. The Form 450B or 450B SA/DE process for nursing facilities is outlined in Medicaid Update E98-40 that was published in November 1998. Intermediate Care facilities for the mentally retarded should direct Form 450B eligibility questions to the local Bureau of Developmental Disabilities field office.

*NOTE: If the LTC provider has already submitted a Form 450B or 450B SA/DE to the OMPP, the provider must wait until the Form 450B or 450B SA/DE has been processed by the OMPP and returned before resubmitting the claim.*

For questions related to this reminder, please call the EDS LTC Unit at (317) 488-5099.