



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 Pharmacy Providers:

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

- This is to notify all pharmacy providers of changes to the Medicaid Drug Federal Upper Limit (FUL). The following changes were made to the Medicaid Drug FUL the week of December 20, 2001, with an effective date of January 22, 2002:

DELETIONS		
Generic Name	Dosage	
Brompheniramine Maleate; Codeine Phos; Phenylpropanolamine HCL	2mg/5ml; 10mg/5ml; 12.5mg/5ml, Syrup, Oral, 480ml	
Diltiazem Hydrochloride	240 mg, Capsule, Extended Release, Oral, 100	
Nitroglycerin	0.2 mg/hr, Film, Extended Release, Transdermal, 30 0.4 mg/hr, Film, Extended Release, Transdermal, 30 0.6 mg/hr, Film, Extended Release, Transdermal, 30	
Isosorbide Dinitrate	5 mg, Tablet, Sublingual, 100	
Loperamide Hydrochloride	2 mg, Capsule, Oral, 100	
Perphenazine	8 mg, Tablet, Oral, 100	
Prazosin Hydrochloride	1 mg, Capsule, Oral, 100 5 mg, Capsule, Oral, 100	
PRICE CHANGES		
Generic Name	Dosage	New Rate
Amitriptyline Hydrochloride	25 mg, Tablet, Oral, 100	\$0.0548
Atenolol	25 mg, Tablet, Oral, 100	\$0.0614
Chlorthalidone	50 mg, Tablet, Oral, 100	\$0.0558
Dexamethasone	0.5 mg/5 ml, Elixir, Oral, 240 ml	\$0.0396
Homatropine Methylbromide; Hydrocodone Bitartrate	1.5 mg/5 ml; 5 mg/5 ml, Syrup, 480 ml	\$0.0280
Hydroxyzine Hydrochloride	10 mg, Tablet, Oral, 100	\$0.0525
Nadolol	20 mg, Tablet, Oral, 100	\$0.4650
Naproxen Sodium	250 mg, Tablet, Oral, 100	\$0.1489
Nortriptyline Hydrochloride	75 mg, Capsule, Oral, 100	\$0.2203
Nystatin	100,000 units/ml, Susp., Oral, 60 ml	\$0.0850
Oxazepam	10 mg, Capsule, Oral, 100	\$0.5363
	15 mg, Capsule, Oral, 100	\$0.7624
Propranolol Hydrochloride	20 mg, Tablet, Oral, 100	\$0.0705
	40 mg, Tablet, Oral, 100	\$0.0848
Theophylline	100 mg, Extended Release, Tab, Oral, 100	\$0.0957
Triamcinolone Acetonide	0.1%, Cream, Topical, 80 gm	\$0.0448

To All Providers:

- EDS is doing routine, in-depth eligibility reconciliation between IndianaAIM and the Indiana Client Eligibility System (ICES) during the Martin Luther King, Jr. holiday weekend, January 19 through January 21, 2002. EDS is especially looking for members eligibility segments open in IndianaAIM, but closed in the ICES. Members eligibility segments closed in ICES will be closed in IndianaAIM with an end date of either January 31, 2002, or February 28, 2002. Providers must verify eligibility before any service is rendered.
- The following is an update of an article originally printed September 25, 2001 in BR200139.

Edit 0232 – Rendering physician number is not in valid format, was inactivated for all crossover claims on July 7, 2000. EDS identified some duplicate claim payments made after that date. Edit 0232 was reactivated effective September 14, 2001, to prevent additional duplicate payments. A systematic mass adjustment was scheduled for November 2, 2001, to correct claims paid in error from July 7, 2000, through September 14, 2001. The mass adjustment is being done by quarters and should be finalized the week of January 21, 2002.

- This reminds providers the change to 405 IAC 5-20-8 was effective September 28, 2001. The rule change will impact providers in two ways:
 - Prior authorization (PA) is required for all units of neuropsychological and psychological testing. This applies to Current Procedural Terminology (CPT) codes 96100 (Psychological testing), 96111 (Developmental test extended), and 96117 (Neuropsychological testing battery).
 - Allows one unit of psychiatric diagnostic interviews per provider, per member, per 12 months without prior authorization – all additional units require PA. This rule permits, without PA, a maximum of two units of psychiatric diagnostic interviews per member, per 12 months, if either a physician or a Health Service Provider in Psychology (HSPP) and a midlevel practitioner separately evaluate the member. This applies to CPT code 90801 (Psychiatric diagnostic interview).

Note: The above section is a correction to the January 1, 2002, banner (BR200201).

Direct questions about this information to the Medical Policy Department at Health Care Excel (HCE) at (317) 347-4500.

- The 2002 *Health Care Financing Administration's Common Procedure Coding System* (HCPCS) and CPT code updates were loaded for crossover claims only on January 1, 2002. Providers should continue billing 2001 codes until April 1, 2002. The IHCP will deny claims submitted with 2002 codes for dates of service prior to April 1, 2002. Questions can be directed to the HCE Medical Policy Department at (317) 347-4500.

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