



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

BR200204

JANUARY 22, 2002

**To All Pharmacy Providers:**

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

- This notifies 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:

<b>Deletions</b>		
<b>Generic Name</b>	<b>Dosage</b>	
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	
<b>Price Changes</b>		
<b>Generic Name</b>	<b>Dosage</b>	<b>New Rate</b>
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
Dexa methasone	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:

- This banner clarifies several issues about the new Indiana Rational Drug Program (IRDP). Details on IRDP and related forms were published in bulletin *BT200148*, dated November 28, 2001, and are easily accessible on-line at [www.indianamedicaid.com](http://www.indianamedicaid.com). Click **Advanced Bulletin Search** and type the bulletin number in the Advanced Bulletin Search screen, and click **Search**. The IRDP authorization forms are available on the Web site as part of the bulletin. Authorization forms can also be mailed to providers by calling EDS Customer Assistance at 1-800-577-1278 outside the Indianapolis area or (317) 655-3240 in the Indianapolis area.

In reference to *BT200148*, telephone requests for the IRDP must be received from the physician's office. Telephone requests received from pharmacies will not be accepted. A physician's signature is required on all faxed or mailed requests. For requests submitted as follow-up from telephone authorizations, write the telephone authorization number at the top of the request form so the original authorization is easily identified for processing the one-year extension. At this time, faxed requests are returned manually. Therefore, providers should indicate a fax number to return requests once a determination is made. This will assist in efficient processing of faxed requests. A decision letter will also be mailed to the requesting provider.

*Note: The form Indiana Rational Drug Program COX-2 Inhibitor (COX-1 Sparing) and Brand Name NSAID Authorization Form was included with BT200148. The form incorrectly requested a DEA number. This block on the form is used for your provider number. This form and the Tramadol Prior Authorization form did not include a space for the physician to sign but requires a physician's signature. Include the physician's signature in the Physician Name box. These forms will be corrected soon and available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).*

- 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.
- 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 has been finalized.

To prevent crossover claims from denying for *edit 0232*, the rendering provider's Medicaid and Medicare numbers must be on file. EDS is reviewing all crossover claims denied for *edit 0232* during this mass adjustment. From January 17 through February 7, 2002, if information is on file and was omitted for any reason, EDS will systematically reprocess the claim. If the claim denied during the mass adjustment period, the Medicare information is either missing or incorrect in the EDS file. To receive payment for the denied claim, submit updated Medicare numbers on the *IHCP Billing Provider Update* form on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

- This reminds providers the change to *405 IAC 5-20-8* was effective September 28, 2001. The rule change impacts 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 PA – 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 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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