



All Providers

National Provider Identifier and Indiana Health Coverage Programs Provider Enrollment Policies

The National Provider Identifier (NPI) rule does not change the Indiana Health Coverage Programs (IHCP) provider enrollment policies.

To receive reimbursement from the IHCP, a provider must be enrolled (405 IAC 5-4-1). Obtaining an NPI does not guarantee enrollment in the IHCP. A provider is enrolled when the following conditions are met and are applicable to the provider type:

- The provider is licensed, registered, or certified by the appropriate professional regulatory agency pursuant to state or federal law or otherwise authorized by the Indiana Family and Social Services Administration (IFSSA) or the Indiana State Department of Health (ISDH).
- Out-of-state providers must be certified, licensed, registered, or authorized as required by the state in which the provider is located and must fulfill the same conditions as an in-state provider. A list of eligible out-of-state provider types is available in Chapter 4 of the *IHCP Provider Manual*. The *IHCP Provider Manual* is accessible on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Manuals/Provider/chapter04.pdf>.
- The provider has completed, signed, dated, and returned the original provider agreement and all forms as required by the IFSSA or the ISDH.
- As a condition of enrollment, providers must sign an agreement (the agreement cannot be altered) to provide services to all IHCP covered and Hoosier Healthwise Package C covered services and/or supplies to IHCP and Hoosier Healthwise Package C members.
- Applicable provider re-certification requirements as specified by the IHCP and the provider agreement have been satisfied.

Having an NPI does not:

- Ensure a provider is licensed or credentialed
- Guarantee payment by IHCP
- Enroll a provider in the IHCP
- Turn a provider into a covered provider
- Require a provider to conduct Health Information Portability and Accountability Act (HIPAA) standard transactions

Refer to Chapter 4 of the *IHCP Provider Manual* for more information about the IHCP provider enrollment policies. Chapter 4 of the *IHCP Provider Manual* is accessible online at <http://www.indianamedicaid.com/ihcp/Manuals/Provider/chapter04.pdf>.

National Provider Identifier Information

A National Provider Identifier (NPI) Web page is now part of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents such as the *NPI Fact Sheet*.

Medicaid and Medicare Providers and COBA

Implementation of the Coordination of Benefits Agreement (COBA) was a major change to the processing of crossover claims. For some providers this resulted in an increase in denied claims due to billing errors. Crossovers are medical

claims that are first processed by Medicare and then by Medicaid. Following these instructions may speed up reimbursements for crossover claims and decrease denied crossover claims. It is important that your Medicare provider identification number is on file with the IHCP. Verify with your software vendor that the correct information is being transmitted. The IHCP Payer ID in the coordination of benefits (COB) Loop is important when electronically transmitting the claim to Medicare. Include a COB Loop for the IHCP-required information with Payer ID **70035**.

Providers are reminded that for crossover claims to pass pre-adjudication and pay, the following information is critical and must be submitted in the 837 transaction to the IHCP:

- Medicaid provider identification (ID) number must be included on the claim to Medicare
- Member first and last name
- Medicaid member ID (RID) number
- COB Loop with the IHCP pertinent information (use 70035 as the Payer ID for the IHCP)
- The following information, if applicable:
 - Other payer (COB) adjudication information for payers *other* than Medicaid and Medicare
 - **Rendering provider ID**
 - Referring provider ID
 - Pregnancy indicator
 - Referral number
 - Attending physician state license number
 - Operating physician state license number
 - Other provider state license number
 - Modifiers used by IHCP for processing

CMS advises providers to allow 15 business days after receipt of Medicare’s payment before submitting a claim to a supplemental payer. If a paper submission is required; submit the claim along with the official Medicare Remittance Notice (MRN) or Health Information Portability and Accountability Act (HIPAA) electronic 835 Remittance Advice as outlined in the [Companion Guide: 835 Remittance Advice Transaction](#).

Contact Information: Direct questions about electronic transactions processing to EDS Electronic Solutions Help Desk, (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182.

All Durable Medical Equipment Services Providers

Durable Medical Equipment Services Codes Update

Effective for dates of service on or after October 1, 2006, the following Healthcare Common Procedure Coding Systems (HCPCS) codes will be subject to the maximum fees listed in Table 1. These codes were previously manually priced.

Table 1 Reimbursement Rates, Effective for Dates of Service On or After October 1, 2006

| HCPCS Code | Code Description | Max Fee as of October 1, 2006 |
|------------|--|-------------------------------|
| L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED | \$1,635.45 |
| L2387 | ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT | \$153.69 |
| L3671 | SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$660.16 |
| L3672 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INLCUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$821.00 |

(Continued)

Table 1 Reimbursement Rates, Effective for Dates of Service On or After October 1, 2006

| HCPCS Code | Code Description | Max Fee as of October 1, 2006 |
|------------|--|-------------------------------|
| L3673 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$894.80 |
| L3702 | ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$211.56 |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$939.46 |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$994.82 |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$939.46 |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$994.82 |
| L3905 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$726.59 |
| L3913 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$198.42 |
| L3919 | HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$198.42 |
| L3921 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$235.33 |
| L3933 | FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$156.33 |
| L3935 | FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$161.86 |
| L3961 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,230.98 |
| L3967 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,453.35 |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,379.58 |
| L3973 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,453.35 |

(Continued)

Table 1 Reimbursement Rates, Effective for Dates of Service On or After October 1, 2006

| HCPCS Code | Code Description | Max Fee as of October 1, 2006 |
|------------|--|-------------------------------|
| L3975 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,230.98 |
| L3976 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,230.98 |
| L3977 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,379.58 |
| L3978 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$1,453.35 |
| L5703 | ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL | \$2,034.99 |
| L5971 | ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY | \$175.23 |
| L6621 | UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE | \$1,845.00 |
| L6677 | UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW | \$239.27 |
| L6883 | REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER | \$1,602.34 |
| L6884 | REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER | \$2,192.38 |
| L6885 | REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER | \$3,405.88 |
| L7401 | ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | \$276.75 |
| L7402 | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | \$298.88 |
| L7403 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL | \$297.05 |
| L7404 | ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL | \$448.34 |
| L7405 | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL | \$586.34 |

If you need additional copies of this banner, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.