B A N N E R P A G E

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All Providers

Annual Update of International Classification of Diseases, Ninth Revision, Clinical Modification

The annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective for the Indiana Health Coverage Programs (IHCP) for dates of service on or after October 1, 2006. The new, revised, and discontinued codes may be viewed at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#. To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, the 90-day grace period no longer applies to ICD-9-CM updates. Providers are to use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for the dates of service deny. The ICD-9-CM diagnosis and procedure codes are billable and reimbursable for dates of service on or after October 1, 2006.

The ICD-9-CM diagnosis codes in Table 1 of this banner, will be added to Table 8.13 *Emergency Department Diagnosis Codes* in the *IHCP Provider Manual*, Chapter 8, Section 2. These codes are effective for dates of service on or after October 1, 2006.

Table 1 - ICD-9-CM Diagnosis Codes, **Effective for Dates of Service On or After October 1, 2006**
(**Additions** to Table 8.13 *Emergency Department Diagnosis Codes*-of the *IHCP Provider Manual*)

052.2	238.73	288.04	288.50	288.51	288.60	289.53	289.83
323.01	323.02	323.41	323.42	323.51	323.52	323.61	323.62
323.63	323.71	323.72	323.81	323.82	333.72	338.11	338.18
338.19	341.20	341.21	341.22	379.63	429.83	518.7	519.11
521.81	523.00	523.01	523.33	525.64	608.20	608.21	608.22
608.23	608.24	629.29	649.62	649.63	649.64	768.7	770.87
770.88	775.81	775.89	779.85	780.32	958.90	958.91	958.92
958.93	958.99	995.20	995.21	995.22	995.23	995.27	995.29

The ICD-9-CM diagnosis codes in Table 2 of this banner, will be removed from Table 8.13 *Emergency Department Diagnosis Codes* in the *IHCP Provider Manual*, Chapter 8, Section 2, invalid for dates of service on or after October 1, 2006. These codes are no longer valid codes.

Table 2 - ICD-9-CM Diagnosis Codes, **Invalid for Dates of Service On or After October1, 2006**
(**Deletions** from Table 8.13 *Emergency Department Diagnosis Codes* of the *IHCP Provider Manual*

323.0	323.4	323.5	323.6	323.7	323.8	523.1	528.0
608.2	775.8	995.2					

The ICD-9-CM diagnosis codes in Table 3 of this banner, will be added to Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* in the *IHCP Provider Manual*, Chapter 8, Section 3. These codes are effective for dates of service on or after October 1, 2006.

Table 3 - ICD-9-CM Diagnosis Codes, **Effective for Dates of Service On or After October 1, 2006**
(**Additions** to Table 8.63 *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* of the *IHCP Provider Manual*)

289.83	649.00	649.01	649.02	649.03	649.04	649.10	649.11
649.12	649.13	649.14	649.20	649.21	649.22	649.23	649.24
649.30	649.31	649.32	649.33	649.34	649.40	649.41	649.42
649.43	649.44	649.50	649.51	649.53	649.60	649.61	649.62
649.63	649.64						

The ICD-9-CM procedures in Table 4 of this banner, are not covered by the IHCP. According to the Indiana Administrative Code (IAC) *405 IAC 5-29-1 (3)*, experimental treatment or procedures are **not** covered by the IHCP.

Table 4 - ICD-9-CM Non-Covered Services

Code	Description	Code	Description
13.9	Other operations on lens	68.6	Radical abdominal hysterectomy
68.4	Total abdominal hysterectomy	68.7	Radical vaginal hysterectomy

Additional Information

The IHCP Provider Manual is available on the IHCP Web site at http://www.indianamedicaid.com.

Direct questions regarding these changes to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

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 the 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. Some providers experienced an increase in denied claims due to billing errors. Crossovers are medical claims that are first processed by Medicare and then by Medicaid. By following these instructions, providers may receive accelerated reimbursements for crossover claims and decrease their denied crossover claims. In addition, providers must ensure that their Medicare provider identification number is on file with the IHCP and verify that their software vendor transmits the correct information. 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 identification (RID) number
- COB Loop with the pertinent IHCP information (use 70035 as the Payer ID for the IHCP). Refer to the *Companion Guide: 837 Professional Claims and Encounters Transactions* and the *Companion Guide: 837 Institutional Claims and Encounters Transactions* for the correct electronic data interchange (EDI) placement of the 70035 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 indictor
  - Referral number
  - Attending physician state license number
  - Operating physician state license number
  - Other provider state license number
  - Modifiers used by IHCP for processing

The Centers for Medicare & Medicaid Services (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*.

Additional Information

The Companion Guides are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/TradingPartner/tp_companion_guides.asp.

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 are 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

Procedure 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
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNBUCKLE, 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, TURNBUCKLES, 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, TURNBUCKLES, 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, TURNBUCKLES, 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, TURNBUCKLES, 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

(Continued)

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

Procedure Code	Code Description	Max Fee as of October 1, 2006
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, TURNBUCKLES, 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, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$1,453.35
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

(Continued)

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

Procedure Code	Code Description	Max Fee as of October 1, 2006
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

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