



All Providers

2006 October Quarterly Healthcare Common Procedure Coding System Codes Update

The purpose of this publication is to notify providers of the coverage determinations for the 2006 October quarterly updates to the Healthcare Common Procedure Coding System (HCPCS) codes. The new codes are identified in Table 1 by procedure code, description, prior authorization (PA) requirements, allowed modifiers, and program coverage status. Providers may report these codes for services provided on or after the effective for dates of service on or after October 1, 2006. Refer to the provider newsletter [NL200609](#) for information about the 2006 October Quarterly Update deleted and revised codes. The standard global billing procedures and edits apply when using the new codes. The 2006 October Quarterly HCPCS codes may be accessed at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

Note: As used in the following table, non-covered indicates that the Indiana Health Coverage Programs (IHCP) does not cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.

Table 1 – New 2006 October Quarterly HCPCS Codes
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
C9231	INJECTION, DECITABINE, PER 1 MG	Not applicable	Not applicable	Non-Reimbursable for All Programs, Non-Reimbursable for Package C Service may be reported with an appropriate National Drug Code (NDC).
C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS	Not applicable	Not applicable	Non-Covered for All Programs, Non-Covered for Package C
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes for All Programs, Yes for Package C	RR	Covered for All Programs, Covered for Package C
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

(Continued)

Table 1 – New 2006 October Quarterly HCPCS Codes
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Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

(Continued)

Table 1 – New 2006 October Quarterly HCPCS Codes
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

(Continued)

Table 1 – New 2006 October Quarterly HCPCS Codes
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C

(Continued)

Table 1 – New 2006 October Quarterly HCPCS Codes
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	Yes for All Programs, Yes for Package C	NU, RR	Covered for All Programs, Covered for Package C
S0147	INJECTION, ALGLUCOSIDASE ALFA, 20 MG	No for All Programs, No for Package C	None	Covered for All Programs, Covered for Package C
S2325	HIP CORE DECOMPRESSION	No for All Programs, No for Package C	50, 52, 54, 55, 56, 62, 78, 80, 81, 82, AS	Covered for All Programs, Covered for Package C

Providers should direct questions about this notification to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Proton Treatment Billing

The purpose of this article is to inform providers that the IHCP has determined that it is appropriate for providers to use the Current Procedural Terminology (CPT®) codes listed in Table 2 to report the technical component only of the CPT codes noted in Table 2 for reporting proton treatment delivery. Therefore, effective for dates of service on or after December 1, 2006, the IHCP will not reimburse providers for services reported using the CPT codes listed in Table 2 and billed with modifiers 26 – *Professional component*, and TC – *Technical component*. Providers are advised to bill CPT codes 77520, 77522, and 77525 for the technical component only. Additionally, providers are advised to report the professional services using an appropriate CPT procedure code.

Direct questions about this article to EDS Customer Assistance by calling (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Table 2 – CPT Codes Reporting Proton Treatment Delivery

CPT Code	Description
77520	Proton treatment; simple, without compensation
77522	Proton treatment; simple, with compensation
77525	Proton treatment delivery; complex

Vaccines for Children

Effective September 25, 2006, the Indiana State Health Department (ISDH) announces that the vaccine CPT code 90715 - *Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) for use in individuals 7 years or older, for intramuscular use (Boostrix and Adacel)*, is available through the Vaccines for Children (VFC) Program. Therefore, for

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dates of service on or after September 25, 2006, reimbursement for CPT code 90715 is the lesser of the \$8 administration fee or the billed amount.

All Pharmacy Providers

State Maximum Allowable Cost Updates

Effective for dates of service on or after October 10, 2006, the State Maximum Allowable Cost (State MAC) rates for the following drugs will be increased as listed in Table 3.

**Table 3 – Increases to the State MAC Rates
Effective for Dates of Service On or After October 10, 2006**

Drug Name	State MAC Rate
CYANOCOBALAMIN 1,000 MCG/ML INJ.	0.60608

Effective for dates of service on or after November 10, 2006, the drug groups in Table 4 will be added to the State MAC rate list for legend drugs.

**Table 4 – Additions to the State MAC Rate List for Legend Drugs
Effective for Dates of Service On or After November 10, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CEFPROZIL 250 MG/5 ML SUSPENSION	0.50080	SIMVASTATIN 10 MG TABLET	2.11038
MELOXICAM 7.5 MG TABLET	0.15203	SIMVASTATIN 20 MG TABLET	3.74442
MELOXICAM 15 MG TABLET	0.21930	SIMVASTATIN 40 MG TABLET	3.87966
SIMVASTATIN 5 MG TABLET	1.63524	SIMVASTATIN 80 MG TABLET	3.98732

Effective for dates of service on or after November 10, 2006, the State MAC rates for the drugs in Table 5 will be decreased.

**Table 5 – Decreases to the State MAC Rates
Effective for Dates of Service On or After November 10, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ACETAMINOPHEN/COD ELIXIR	0.01185	HYDROXYZINE HCL 25 MG TABLET	0.30544
CHLORDIAZEPOXIDE 5 MG CAPSULE	0.08069	OXYCODONE/APAP 7.5/325 MG TABLET	0.50862
CLINDAMYCIN PH 1% GEL	0.35890	PROMETHAZINE 12.5 MG SUPPOSITORY	0.60300
DOXAZOSIN MESYLATE 2 MG TABLET	0.05184		

Direct any questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or e-mail at pharmacy@mslc.com.

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