



## BANNER PAGE

BR200702

JANUARY 9, 2007

## All Providers

### Procedure Code 41830 that Denied for Edit 4108

Effective December 6, 2006, the IHCP assigned an ambulatory surgical center (ASC) rate of five to procedure code 41830 – *Alveolectomy, including curettage of osteitis or sequestrectomy*. The rate for this ASC is \$800.42. Providers should resubmit claims for procedure code 41830 that denied for edit 4108 - *No ASC on file*.

**Contact Information:** Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278, with questions about any of these articles.

### Manual Pricing

EDS has obtained rates from the Medicare Fee-for-Service Payment files on the Centers for Medicare & Medicaid Services (CMS) Web site (<http://www.cms.hhs.gov/home/medicare.asp>) for the five Healthcare Coverage Procedure Coding System (HCPCS) codes listed in Table 1. These codes are currently manually priced based on information submitted with the claim. The new rates are effective December 1, 2006. The effective date and information published about code J2353 supersedes the information published in banner page BR200652.

Table 1 – Manual Pricing – New Rates,  
Effective for Dates of Service On or After December 1, 2006

HCPCS Code	Code Description	Rate Effective for Dates of Service On or After December 1, 2006
L1510	THKAO, STANDING FRAME	\$957.56
86336	INHIBIN A	\$21.47
L3002	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	\$130.30*
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Remains manually priced.
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$2.02

\* This rate is a correction to the rate shown in BR200652, BR200701, and NL200701.

### Timeline for Revised Paper Claim Forms

*The following information does not apply to providers rendering services in the risk based managed care (RBMC) delivery system. These providers should contact the MCO with whom they are contracted for information about paper claim form transition.*

The National Uniform Claim Committee (NUCC), the National Uniform Billing Committee (NUBC), and the American Dental Association (ADA) have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional UB-92 claim form will be replaced with the institutional UB-04. The current professional CMS-1500 health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with J400D. The EDS pharmacy claim forms will be revised to include National Provider Identifier (NPI) information. The pharmacy claim forms will be available May 16, 2007\*, and may be obtained from the *Forms* page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>. Links to the other new claim forms will be added to the IHCP Web site *Forms* page according to the *Start Date* in Table 2.

The IHCP will transition to the new paper claim forms with the timelines noted in Table 2. The transition period is where both old and new claim forms will be accepted. All claim forms will have a transition period excluding the Pharmacy claim form. Table 2 outlines the transition period and cutover dates for each type of paper claim form.

\*The availability date of the pharmacy claim forms is changed to allow providers additional time to familiarize themselves with the forms.

Table 2 – Timeline Revised Paper Claim Forms

Current Form	New Form	Transition Period (Old and New Forms Accepted)		Only New Forms Accepted (Cutover Date)
		Start Date	End Date	
CMS-1500	08-05	February 15, 2007	March 31, 2007	April 1, 2007
UB-92	UB-04	April 1, 2007	May 22, 2007	May 23, 2007
Dental	J400D	April 15, 2007	May 22, 2007	May 23, 2007
Pharmacy	Pharmacy	No Transition Period		May 23, 2007

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**Clarification to Bulletin BT200630 - New 2007 Healthcare Common Procedure Coding System Codes**

The *Replacement Code* information for procedure code D1205 – *Topical application of fluoride (including prophylaxis)-adult* as published in bulletin BT200630, dated December 29, 2006, is clarified as shown in Table 3. The replacement procedure codes are for members 13 years of age or greater for prophylaxis and for members 1-20 years of age for topical fluoride treatments. For members 12 years of age or younger, use the appropriate procedure code combination.

Table 3 – Deleted 2007 HCPCS Codes,  
Effective for Dates of Service On or Before December 31, 2006

Procedure Code	Description	Replacement Code
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	D1110-PROPHYLAXIS – ADULT (Age 13-999 Years) *D1203-TOPICAL APPLICATION OF FLUORIDE-CHILD (Age 1-20 Years) *No coverage for topical application of fluoride for members older than 20 years of age.

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