

Provider Monthly Newsletter

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Abbreviations in this Newsletter

A&D	aged and disabled	LPI	legacy provider identifier
ACS	Affiliated Computer Services	MAC	maximum allowable cost
AVR	Automated Voice Response	MCO	managed care organization
CAR	claims analysis and recovery	MFC	medically fragile children
CCF	Claim Correction Form	MHS	Managed Health Service
CHIP	Children's Health Insurance Program	MTM	Medical Transportation Management
CMHC	community mental health centers	MRN	Medicare remittance notice
CMS	Centers for Medicare & Medicaid Services	MRO	Medicaid Rehabilitation Option
COB	coordination of benefits	MRT	Medical Review Team
COBA	Coordination of Benefits Administrator	NPI	National Provider Identifier
DD	developmentally disabled	NPES	National Plan and Provider Enumeration System
DHHS	Department of Health and Human Services	OMPP	Office of Medicaid Policy and Planning
DME	durable medical equipment	PA	prior authorization
DUR	Drug Utilization Review	PASRR	pre-admission screening and resident review
EDI	electronic data interchange	PBM	pharmacy benefits management
EDS	Electronic Data Systems	PCCM	primary care case management
EVS	eligibility verification system	PMP	primary medical provider
FFS	fee for service	POS	point of sale or place of sale
FQHC	federally qualified health centers	ProDUR	Prospective Drug Utilization Review
HCBS	home- and community-based services	PTRF	Psychiatric Residential Treatment Facility
HCE	Health Care Excel	RA	Remittance Advice
HCPCS	Healthcare Common Procedure Coding System	RBMC	risk-based managed care
HIPAA	Health Insurance Portability and Accountability Act	RCP	Restricted Card Program
HME	home medical equipment	RFS	request for services
IDOA	Indiana Department of Administration	RHC	rural health clinics
IAC	Indiana Administrative Code	RID	member identification
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification	SBHC	school-based health centers
IFSSA	Indiana Family and Social Service Administration	SSN	Social Security number
IHCP	Indiana Health Coverage Programs	SUR	Surveillance and Utilization Review
ISDH	Indiana State Department of Health	TBI	traumatic brain injury
		TIN	tax identification number
		TPL	third party liability
		WIC	Women, Infants and Children

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Provider News

2006 IHCP Provider Seminar

The OMPP, CHIP, and EDS invite IHCP providers to attend the **2006 IHCP Provider Seminar October 2-4, 2006**. This seminar is presented at no cost. Seminar sessions are offered at various times during the three-day seminar. EDS provider field consultants and representatives from AmeriChoice, HCE, provider associations, other EDS departments, and current and new 2007 MCOs will be present.

Indianapolis Marriott East
7202 E. 21st St.
Indianapolis, IN 46219
1-800-228-9290 or (317) 352-1231
(for hotel arrangements only)

Important: Please do not call the hotel to register for seminar sessions.

To receive the special rate of \$89 plus tax, per night, seminar attendees must indicate that they are attending the 2006 IHCP Provider Seminar and must reserve on or before September 15, 2006.

Seminar Session Descriptions

To register, registrants must specify the seminar sessions they want to attend. IHCP provider bulletin [BT200616](#) provides a description of the material to be covered in each of the seminar sessions.

Note: The information provided in these sessions is specific to the IHCP FFS, Hoosier Healthwise Medicaid Select, MRT, PASRR, First Steps, and Hoosier Healthwise RMBC programs

Registration

Web registration is available. Providers may register for the 2006 IHCP Provider Seminar online from the IHCP Web site at <http://www.indianamedicaid.com/ihcp/workshop/index.aspx>. To access online registration, click on **Provider Services, Education Opportunities**. The registration page provides instructions. By registering online, registrants receive immediate enrollment confirmation.

In addition to online registration, registrants may enroll in seminar sessions using the paper registration form ([Attachment 2](#) of this newsletter). **If registering using the paper registration form, the deadline for registration is September 15, 2006.** Registrations may be faxed or mailed. All registrations sent by mail must be postmarked no later than September 15, 2006. The

IHCP will not accept registrations postmarked after September 16, 2006. **Only two individuals will be allowed to register, per IHCP provider number. Non providers may also register for the seminar. Each registrant must submit his or her own registration form (only one name per form).** Individuals can also register in person at the seminar on a space-available basis; however, this is not recommended.

After the paper registration form is processed, the registrant will receive a confirmation letter. This letter confirms that the registrant was either successfully registered for at least one seminar session or was denied for one or more sessions due to seating capacity. Each registrant is encouraged to bring this confirmation letter to the seminar check-in to alleviate any possible discrepancies.

Registered individuals must check in no later than five minutes before the start of their assigned sessions or their seats could be reassigned. Walk-in registration for those not pre-registered begins five minutes before the start of each session. Failure to pre-register may result in sessions not being available due to space limitations. If there are any questions, please call EDS at (317) 488-5072. Calls will be returned within 48 hours.

For comfort, business casual attire is recommended. Also, consider bringing a sweater due to possible room temperature variations.

Seminar Session Availability

EDS processes registrations in the order received; however, time and meeting space may preclude EDS from honoring all requests. If space is available, individuals who do not register online, via fax, or by mail may register for sessions on a walk-in-basis.

Failure to pre-register may result in sessions not being available due to space limits. A complete list of session times is available in IHCP provider bulletin [BT200616](#).

Directions

The Indianapolis Marriott East hotel is located on the near northeast side of Indianapolis, on 21st Street, east of Shadeland Avenue and west of I-465.

For more specific directions from your location, visit the IHCP Web site at <http://www.indianamedicaid.com>.

To reserve a room at the Marriott East hotel:

- Contact the hotel at (317) 352-1231
- Indicate that you are attending the 2006 IHCP Provider Seminar to obtain a special rate of \$89 per room, per night, plus tax
- Reserve a room no later than September 15, 2006

New Bulletins on the IHCP Web Site

The following bulletins were posted to the IHCP Web site in August:

[BT200616](#) – 2006 Indiana Health Coverage Programs Provider Seminar

[BT200617](#) – Most Common Billing Unit Discrepancies that Result in Manufacturer Drug Rebate Disputes

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp.

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. The *April Provider Monthly Newsletter (NL200604)* provides complete information about this service. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.

Annual Update of ICD-9-CM

The annual update of the ICD-9-CM is effective for the 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 HIPAA compliance, a 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 updated 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 9.2 ([Attachment 3](#) of this newsletter) will be added to the *Emergency Department Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective for dates of service on or after October 1, 2006.

The ICD-9-CM diagnosis codes in Table 9.3 ([Attachment 3](#) of this newsletter) will be removed from the *Emergency Department Diagnosis Codes* table 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.

The ICD-9-CM diagnosis codes in Table 9.4 ([Attachment 3](#) of this newsletter) will be added to the *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 3*.

These codes are effective for dates of service on or after October 1, 2006.

The ICD-9-CM procedures in Table 9.1 are **not** covered by the IHCP. According to [405 IAC 5-29-1\(3\)](#), experimental treatment or procedures are **not** covered by the IHCP.

Table 9.1 – ICD-9-CM Non-Covered Services

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

Contact Information

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

Medicaid and Medicare Providers and COBA

Implementation of COBA was a major change to the processing of crossover claims. Crossovers are claims that are first processed by Medicare and then by Medicaid. Some providers experienced an increase in denied claims due to billing errors. 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 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 ID number must be included on the claim to Medicare
- Member first and last name
- Medicaid 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 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 indicator
 - Referral number
 - Attending physician state license number
 - Operating physician state license number
 - Other provider state license number
 - Modifiers used by IHCP for processing

The 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 MRN or 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.

Charging for Missed Appointments and Copying or Transferring Medical Records

The purpose of this article is to remind all IHCP providers about procedures for balance billing members. Additionally, this article serves to remind providers that they cannot charge members for missed appointments or for copying or transferring medical records.

General Information

HCE, the State's SUR contractor, operates a Provider and Member Concerns Hotline. This hotline answers calls on a variety of topics, including calls related to balanced billing. In some instances, the hotline receives calls about a member that has been billed inappropriately and SUR must contact the IHCP provider to resolve the billing error.

As a reminder, federal and state regulations prohibit providers from charging any IHCP member, or the family of a member for any amount *not* paid following a reimbursement determination by the IHCP. See *42 CFR 447.15(a)* and *405 IAC 1-1-3(i)*. Furthermore,

the *IHCP Provider Agreement* contains the following provision:

To accept payment as payment in full the amounts determined by Indiana Family and Social Services Administration or its fiscal agent, in accordance with the Federal and State statutes as the appropriate payment for Medicaid or CHIP members (recipients). Provider agrees not to bill members, or any member of a recipient's family, for any additional charge for Medicaid or any member of a recipient's family, for any additional charge for Medicaid or CHIP covered services, excluding any co-payment permitted by law.

The clear intent of this provision is to ensure that no member or family of a member is billed in excess of the amount paid by the IHCP.

As a condition of the provider's participation in the IHCP, the provider must accept the IHCP determination of payment as payment in full, whether the IHCP is the primary or secondary payer. If the provider disagrees with the IHCP determination of payment, the provider's right of recourse is limited to an adjustment request, administrative review, and appeal as provided in *405 IAC 1-1-3*. Violation of this section constitutes grounds for the termination of the provider agreement and decertification of the provider, at the option of the IFSSA.

To bill an IHCP member for services, specific conditions must be met. Refer to the *IHCP Provider Manual, Chapter 4, Section 5: Charging Members for Non-Covered Services*, for an explanation of these conditions. The *IHCP Provider Manual* is available on the IHCP Web site at <http://www.indianamedicaid.com>.

Charging for Missed Appointments

IHCP providers may *not* charge IHCP members for missed appointments. The DHHS bases this policy on the reasoning that a missed appointment is not a distinct reimbursable service, but a part of the provider's overall costs of doing business. Furthermore, the Medicaid rate covers the cost of doing business, and providers may not impose separate charges on members.

Charging for Copies or Transfers of Medical Records

IHCP providers are *not* permitted to charge for copies or transfers of medical records. Federal regulation *42 CFR 447.15* states that providers participating in Medicaid must accept the state's reimbursement as payment in full (except that providers may charge for deductibles, co-insurances, co-payments). The reimbursement for services is intended to cover the costs of medical record duplications or medical record

transfers. Providers, or authorized agents for the State, do not receive additional reimbursement from the State, for any cost associated with medical record duplications or transfers. In addition, any practitioner receiving payments from the IHCP for rendered services may not charge an IHCP member for copying or transferring medical records. The IHCP considers a practitioner who charges Medicaid patients for copying or transferring medical records to be in violation of this Federal regulation and the *IHCP Provider Agreement*.

Providers identified as showing a pattern of non-compliance with Federal regulations or IHCP policy may be subject to SUR audit.

Additional Information

A copy of the *IHCP Provider Agreement* is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderAgreement.pdf>.

Direct questions about this policy to the HCE SUR Department at (317) 347-4527 in the Indianapolis local area, or 1-800-457-4515.

Introducing Claims Analysis and Recovery

The OMPP has expanded HCE's SUR contract to include the CAR function.

CAR staff review claims data, at the systems level. This process is to determine aberrant billing patterns and inappropriate reimbursements that may be occurring across a specific provider type or specialty. When a potential issue is discovered, CAR performs thorough research and conducts payment studies to determine if overpayment of services has occurred.

IHCP providers may be requested to provide medical or other records, including x-rays, as necessary, to fully explain why services were rendered and billed to the IHCP. Documentation should be sufficient to fully disclose the extent of services provided. Refer to *405 IAC 1-5-1* for a list of items that, at a minimum, should be included in documentation. Medical and other records should be maintained for a period of seven years from the date of service. Failure to provide medical or other records when requested may constitute an abuse of the IHCP and applicable federal law. Inappropriately reimbursed IHCP funds are recouped based on these payment studies.

Some providers may have already begun receiving correspondence from HCE's CAR Department.

Providers may contact HCE with questions or concerns at (317) 347-4500 in the Indianapolis local area, or 1-800-457-4515.

October 2006, Quarterly HCPCS Codes Update

The purpose of this article is to notify providers of the October 2006, quarterly updates to the HCPCS codes. This article notifies providers of the revised codes and modifier. There are no deleted codes for the October 2006, quarterly HCPCS update.

Coverage determinations for the new HCPCS codes will be published in a provider publication. The complete October 2006, quarterly HCPCS codes may be accessed at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

Revised HCPCS Codes

Effective October 1, 2006, the revised October 2006, quarterly HCPCS codes will be added to the IndianaAIM claims processing system. The changes do not affect claims adjudication and these codes are **not** covered by the IHCP. These revised codes are identified by code, description, and coverage in Table 9.6 ([Attachment 4](#) of this newsletter).

Revised HCPCS Modifier

Effective October 1, 2006, the revised October 2006, quarterly HCPCS modifier will be added to the IndianaAIM claims processing system. The changes do not affect claims adjudication. This revised modifier is identified by modifier, description, and modifier type in Table 9.7 ([Attachment 4](#) of this newsletter).

July 2006, Quarterly HCPCS Codes Update

The purpose of this article is to notify providers of the coverage determinations for the July 2006, quarterly updates to the HCPCS codes. The complete July 2006, Quarterly HCPCS codes may be accessed at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

Note: Non-covered, as it appears in Table 9.8 (Attachment 4 of this newsletter) indicates that the 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.

New HCPCS Codes

HCPCS codes K0734 through K0737 are new codes used to report adjustable skin protection and positioning seat cushions currently reported with HCPCS code K0108 and modifier U1, U2, U3, or U4. The IHCP created the procedure code to modifier combinations to mirror Medicare policy for the use of HCPCS code K0108 for adjustable seat cushions as published in IHCP provider banner page [BR200536](#). Adjustable seat

cushions are purchase-only items by the IHCP, and providers must attach the NU modifier when billing these items. Pricing established for adjustable and positioning seat cushions as published in *BR200536* is applied to HCPCS codes K0734 through K0737, effective for dates of service on or after September 1, 2006. Providers may report procedure code K0108 and modifier U1, U2, U3, or U4 for skin

protection and positioning seat cushions for dates of service through August 31, 2006.

Contact Information

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

Durable Medical Equipment Providers

Home Medical Equipment Services Provider Enrollment

Effective for dates of service August 1, 2006, and after, the IHCP will only reimburse providers for home medical equipment services if those providers are licensed as HME services providers by the Indiana State Board of Pharmacy.

After obtaining licensure, affected providers must update their IHCP provider profiles by adding the new HME provider specialty, *251 – Home medical equipment provider*.

To add the *251 – home medical equipment services* provider specialty, providers must only complete the following sections of the *IHCP Provider Enrollment Update Packet*:

- **Page 2, Box 1:** Provide billing provider information, submission date, provider number, alpha suffix, provider name, and federal tax identification number.
- **Page 3, Box 7:** Indicate a primary specialty 250 and secondary specialty 251 or vice versa. Include the home medical equipment services provider license number issued by the Indiana State Board of Pharmacy, include the date issued, and include the expiration date.
- **Page 6, Box 20:** Include the provider name, tax identification number, authorized official's name, title, signature, and date. An original signature is required.

In addition to the completed form, providers must submit a copy of their active home medical equipment services provider license issued by the Indiana State Board of Pharmacy. Providers must submit a copy of the original license or print a copy of their license information from <https://extranet.in.gov/WebLookup/>

[Search.aspx](#), which shows their license status as active. The IHCP will not enroll providers in the 251 specialty if their license is in a pending status.

Providers must submit the update form and all required attachments to the following address for processing:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

Please allow 30 days for provider enrollment to process the update request. When the update is processed, the provider will receive a confirmation letter that indicates the updates that were made to the provider's profile in *IndianaAIM*. Beginning for dates of service on and after August 1, 2006, until the provider enrollment update adding provider specialty 251 is complete and the provider receives confirmation, claims for services requiring this specialty will deny. However, when processed the effective date of enrollment in the new provider specialty will correspond with the date the license was issued by the Indiana State Board of Pharmacy.

To determine which codes require an HME license and enrollment in provider specialty 251, view the code sets for HME and DME providers posted on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp>.

Durable Medical Equipment Services Codes Update

Effective for dates of service on or after October 1, 2006, the HCPCS codes in Table 9.5 ([Attachment 4](#) of this newsletter) are subject to the maximum fees listed in the table. These codes were previously manually priced.

Pharmacy Services

State MAC Legend Drug Rate Updates

Tables 9.9 – 9.12 ([Attachment 5](#) of this newsletter) contain the updates to the State MAC rates and rate lists with effective dates for the changes.

Direct 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 by e-mail at pharmacy@mslc.com.

National Provider Identifier (NPI)

National Provider Identifier and Indiana Health Coverage Programs Provider Enrollment Policies

The NPI rule does not change the 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 IFSSA or the 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 the *IHCP Provider Manual, Chapter 4*. The *IHCP Provider Manual* is accessible on the IHCP Web site at <http://www.indianamedicaid.com>.
- 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 supplies to IHCP and Hoosier Healthwise Package C members.
- Applicable provider recertification 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 HIPAA standard transactions

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

NPI Reporting Tool

The IHCP will mail notification letters to request that providers begin reporting their NPI to the IHCP when

the Web-based NPI Reporting Tool is implemented. The notification letter provides instructions about how providers report their NPI to the IHCP.

Enrolled health care providers must report their NPI to the IHCP by May 1, 2007, to be paid for services. Any health care provider that does not report its NPI to the IHCP may not be paid for services after May 23, 2007.

All health care providers (for example, physicians, suppliers, hospitals, and others) are eligible for an NPI. Health care providers are individuals or organizations that render health care services. All health care providers that are HIPAA-covered entities, whether they are individuals or organizations, must obtain an NPI to identify themselves in paper and electronic transactions.

Atypical providers are not required to obtain and use an NPI in paper and electronic transactions. An atypical provider is any entity that does not meet the definition of a health care provider as defined in *45 CFR 160.103*. Atypical providers include billing services, value-added networks, repricers, health care clearinghouses, non-emergency transportation service providers, and other entities that do not provide health care services.

The *NPI Fact Sheet* containing information about the NPI is available on the *NPI* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf.

Obtaining a National Provider Identifier

To obtain an NPI, visit the NPPES Web site at <https://nppes.cms.hhs.gov/NPPES>, or call 1-800-465-3203 (toll free) or 1-800-692-2326 (TTY). Providers may apply electronically for their NPI from this Web site or by downloading and completing a paper form (available on this Web site) and submitting it to NPPES at the address indicated on the form.

Reporting Your NPI to IHCP

When the NPI Reporting Tool is implemented, it will be available from <http://www.indianamedicaid.com> by clicking on the **Report your NPI to the IHCP** link located in the NPI section of the IHCP Web site home page.

When accessing the NPI Reporting Tool, have the following information available:

- The reporting provider's TIN or SSN.
- The NPI notification letter that includes the password needed to access the NPI Reporting Tool.

- Taxonomy codes associated with each IHCP legacy provider identifier being reported.
- Contact name, telephone number, and e-mail address.
- The NPI of all rendering providers affiliated with the group, if applicable.

After logging into the NPI Reporting Tool, you must do the following:

- Enter a contact name, telephone number, and e-mail address, if applicable. The tool displays all active IHCP LPIs affiliated with your TIN.
- Enter an NPI for each IHCP LPI and service location that you want to continue using in a paper and electronic transactions after the May 23, 2007, compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to IHCP

If you are a group provider, you must obtain the NPIs of your rendering providers and report them along with your NPI for each service location. All active rendering providers affiliated with the billing provider at a particular service location are displayed in the tool. To report an NPI for a rendering provider, you must take the following steps:

- Enter the NPI for the rendering provider
- Select the appropriate taxonomy for the rendering provider specialty

If the NPI Reporting Tool identifies a rendering provider who is no longer in your group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5150 to unlink the rendering provider from your group.

Contact Information

Assistance is available for the NPI Reporting Tool by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750. To manually report your NPI, a paper application will soon be available from the IHCP Web site at <http://www.indianamedicaid.com>, or by calling the EDS Provider Enrollment and Waiver line. The paper application must be completed, signed, dated, and mailed by May 1, 2007 to:

**EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

Remember: Providers must report the NPI for each IHCP LPI and service location to the IHCP by

May 1, 2007, to continue using paper and electronic submission of transactions after the compliance date.

NPI Transition: Confirm Mail To Address Is Current

IHCP is mailing notification letters advising providers to start reporting their NPI to the IHCP when the NPI Reporting Tool is implemented. The notification letter provides important instructions on how providers are to report their NPI to the IHCP. All providers must have a current *Mail To* address (location where the IHCP sends correspondence) on file with the IHCP. If a provider's *Mail To* address has changed at any time, the provider should confirm that the IHCP has a current address on file.

To verify the *Mail To* address on file with the IHCP, providers can logon to Web interChange at <https://interchange.indianamedicaid.com>. From Web interChange, access the **Provider Profile** section and verify the *Mail To* information. Providers can also verify their *Mail To* address by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750.

If a *Mail To* address is incorrect, the provider may download the *Provider Update Form* from the *Provider Services* section of the IHCP Web site. The form is available as an Acrobat (pdf) file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.pdf> or as a Word file at <http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.doc>. Providers should complete sections 1 and 4, and have an authorized official sign the last page. Providers who do not have Web access may request a copy of the *Provider Update Form* from the EDS Provider Enrollment and Waiver line.

Providers who do not have access to Web interChange can request access from the *Welcome to Web interChange* page at <https://interchange.indianamedicaid.com/Administrative/logon.asp> and select the **How to Obtain an ID** link.

National Provider Identifier Web Page

The IHCP Web site features an NPI Web page 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 like the *NPI Fact Sheet*.

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Jenny Atkins (temp)	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Keith Coleman	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Pat Duncan (temp)	(317) 488-5098	Marion
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Jenny Atkins (temp)	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Jenny Atkins (temp)	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Jenny Atkins (temp)	(317) 488-5080
Ohio	Cincinnati, Hamilton, Harrison, Oxford	Tina King	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana should direct calls to (317) 488-5197.

For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5123

Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com	
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site http://www.indianamedicaid.com		
Pharmacy Benefit Manager				
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS claims processing 317-655-3240 1-800-577-1278 or INXIXPharmacy@EDS.com	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board INXIXDURQuestions@acs-inc.com	
EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for Pharmacy Claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select				
CareSource Claims http://www.caresource-indiana.com 1-866-930-0017 Member Services 1-800-488-0134 PA 1-866-930-0017 Provider Services 1-866-930-0017	Harmony Health Plan http://www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158 TTY: 1-877-650-0952 PA/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766 Pharmacy 1-800-608-8158	Managed Health Services (MHS) http://www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946 ScripSolutions (PBM) 1-800-555-8513	MDwise http://www.mdwise.org Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 PA/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831 Pharmacy (317) 630-2831 or 1-800-356-1204	
Molina Healthcare http://www.molinahealthcare.com Claims 1-800-642-4509 Member Services 1-800-642-4509 PA 1-800-642-4509 Provider Services 1-800-642-4509	Prime Step (PCCM) http://www.healthcareforhoosiers.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 PA HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-800-889-9949, Option 3 Pharmacy – see Pharmacy Benefit Manager section above	Medicaid Select http://www.medicaidselect.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 PA HCE: 1-800-457-4518 (317) 347-4511 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy – see Pharmacy Benefit Manager section above		
Claim Filing				
EDS 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	EDS CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
EDS Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	EDS Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (Non-Pharmacy)				
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

2006 INDIANA HEALTH COVERAGE PROGRAMS PROVIDER SEMINAR REGISTRATION FORM

Registration Deadline: September 15, 2006

Fax to: (317) 488-5376 or Mail to: EDS IHCP Seminars, PO Box 7263, Indianapolis, IN 46207-7263

If you have questions, please call (317) 488-5072.

Instructions

Please print or type the information requested. **Submit a separate form for each registrant (one registrant per form). Providers may register only two individuals per provider number.**

Please use a checkmark to indicate the sessions you wish to attend. Registrants can attend only one session during each time period. Registration forms received with requests for more than one session at the same time will be fulfilled for only one of those sessions.

Registrant Information

Name of Registrant:		Provider Number:
Provider Name:		
Provider Address:		
City:	State:	ZIP:
Provider Telephone Number:	Fax Number:	E-mail Address:

Seminar Sessions Monday, October 2, 2006

DME - 8 a.m. to 4 p.m. *Select individual sessions*

8 a.m. to 9 a.m. DME (EDS)

9:15 a.m. to 10:15 a.m. DME (MDwise)

10:30 a.m. to 11:30 a.m. DME (CareSource)

12:30 p.m. to 1:30 p.m. DME (Molina)

1:45 p.m. to 2:45 p.m. DME (Harmony)

3 p.m. to 4 p.m. DME (MHS)

Transportation – 8 a.m. to 1:15 p.m. – *Select individual sessions*

8 a.m. to 9:30 a.m. Transportation (EDS)

9:45 a.m. to 10:45 a.m. Transportation (LCP, subcontractor for MHS)

11 a.m. to Noon. Transportation (MTM, subcontractor for CareSource, Molina, and Harmony)

12:15 p.m. to 1:15 p.m. Transportation (MDwise)

9 a.m. to 10:30 a.m. IHCP101

10:45 a.m. to 11:45 p.m. MRT

Noon to 1 p.m. Web interChange – Basic

1:15 p.m. to 2:15 p.m. Mental Health

1:30p.m. to 2:30 p.m. Spend-down

2:30 p.m. to 4 p.m. Web interChange – Advanced

2:45 p.m. to 4:45 p.m. NPI

4 p.m. to 4:30 p.m. Anthem

Seminar Sessions Tuesday, October 3, 2006

CMS-1500 Physician Billing - 8 a.m. to 4 p.m. *Select individual sessions*

8 a.m. to 9:30 a.m. CMS-1500 (EDS)

9:45 a.m. to 10:45 a.m. CMS-1500 (CareSource)

11 a.m. to Noon CMS-1500 (MHS)

12:30 p.m. to 1:30 p.m. CMS-1500 (Harmony)

1:45 p.m. to 2:45 p.m. CMS-1500 (MDwise)

3 p.m. to 4 p.m. CMS-1500 (Molina)

8 a.m. to 9 a.m. MRT

8:45 a.m. to 9:15 a.m. Anthem

9:15 a.m. to 10:45 a.m. Web interChange – Advanced

9:30 a.m. to 10:30 a.m. TPL

10:45 a.m. to 11:45 p.m. Who, What, When, Where

11 a.m. to Noon Medical Policy

Noon to 1:30 p.m. Dental

12:15 p.m. to 1:15 p.m. Restricted Card Program

1:30 p.m. to 2:30 p.m. Post-Payment Auditing Practices

1:45 p.m. to 2:45 p.m. Provider Enrollment

2:45 p.m. to 3:45 p.m. Prior Authorization

3 p.m. to 4:30 p.m. HIPAA Updates

Seminar Sessions Wednesday, October 4, 2006	
UB-92 - 8 a.m. to 4 p.m. <i>Select individual sessions</i> <input type="checkbox"/> 8 a.m. to 9:30 a.m. UB-92 (EDS) <input type="checkbox"/> 9:15 a.m. to 10:45 a.m. UB-92 (Molina) <input type="checkbox"/> 11 a.m. to Noon a.m. UB-92 (MHS) <input type="checkbox"/> 12:30 p.m. to 1:30 p.m. UB-92 (CareSource) <input type="checkbox"/> 1:45 p.m. to 2:45 p.m. UB-92 (Harmony) <input type="checkbox"/> 3 p.m. to 4 p.m. UB-92 (MDwise)	Pharmacy - 8 a.m. to 3:30 p.m. <i>Select individual sessions</i> <input type="checkbox"/> 8 a.m. to 9 a.m. Pharmacy (EDS) <input type="checkbox"/> 9:15 a.m. to 10:15 a.m. Pharmacy (Harmony) <input type="checkbox"/> 10:30 a.m. to 11:30 a.m. Pharmacy (CareSource) <input type="checkbox"/> Noon to 1 p.m. Pharmacy (MDwise) <input type="checkbox"/> 1:15 p.m. to 2:15 p.m. Pharmacy (MHS) <input type="checkbox"/> 2:30 p.m. to 3:30 p.m. Pharmacy (Molina)
<input type="checkbox"/> 8:15 a.m. to 10:15 a.m.	First Steps
<input type="checkbox"/> 10:30 a.m. to 11:30 a.m.	Prior Authorization of Traditional Medicaid and Home Health
<input type="checkbox"/> 11:45 a.m. to 1:15 p.m.	Waiver Enrollment and Billing Updates
<input type="checkbox"/> 1:30 p.m. to 2:30 p.m.	Waiver Auditing
<input type="checkbox"/> 2:45 p.m. to 3:45 p.m.	Waiver Roundtable
<input type="checkbox"/> 3:45 p.m. to 4:15 p.m.	Anthem

ICD-9-CM Code Updates

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

Table 9.2 – ICD-9-CM Diagnosis Codes, **Effective for Dates of Service On or After October 1, 2006**
(Additions to the *Emergency Department Diagnosis Codes* table 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

Table 9.3 – ICD-9-CM Diagnosis Codes, **Invalid for Dates of Service On or After October 1, 2006**
(Deletions from the *Emergency Department Diagnosis Codes* table 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					

Table 9.4 – ICD-9-CM Diagnosis Codes, **Effective for Dates of Service On or After October 1, 2006**
(Additions to the *High Risk Pregnancy – ICD-9-CM Diagnosis Codes* table 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						

HCPCS Codes Updates

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

Table 9.5 – 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 INCLUDE 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/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

(Continued)

Table 9.5 – Reimbursement Rates
Effective for Dates of Service On or After October 1, 2006

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

(Continued)

Table 9.5 – Reimbursement Rates
Effective for Dates of Service On or After October 1, 2006

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

Table 9.6 – Revised October 2006, Quarterly HCPCS Codes
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Description	Program Coverage
S3016	Disease management program; follow-up/reassessment	Noncovered

Table 9.7 – Revised October 2006, Quarterly HCPCS Modifier
Effective for Dates of Service On or After October 1, 2006

Modifier	Description	Modifier Type
GS	Dosage of Epo or Darbepoetin Alfa has been reduced and maintained in response to hematocrit or hemoglobin	Informational

Effective for Dates of Service On or After July 1, 2006

Table 9.8 – New July 2006, Quarterly HCPCS Codes
Effective for Dates of Service On or After July 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
C9229	Injection, ibandronate sodium, per 1 mg	Not Applicable for All Programs		Non-Reimbursable for All Programs
C9230	Injection, abatacept, per 10 mg	Not Applicable for All Programs		Non-Reimbursable for All Programs
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Yes for All Programs	NU, RR	Covered for All Programs
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for All Programs	NU	Covered for All Programs Effective September 1, 2006
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for All Programs	NU	Covered for All Programs Effective September 1, 2006
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for All Programs	NU	Covered for All Programs Effective September 1, 2006
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for All Programs	NU	Covered for All Programs Effective September 1, 2006

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

State MAC Rate Updates

Effective for Dates of Service On or After September 1, 2006

Table 9.9 – Additions to the State MAC Legend Drugs Rate List,
Effective for Dates of Service On or After September 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALBUTEROL 5 MG/ML SOLUTION	0.15090	FLUTICASONE 50 MCG NASAL SPRAY	3.37460
APAP/BUTAL/CAFF 500/50/40 CAP	1.46140	GLIMEPIRIDE 1 MG TABLET	0.04060
AZITHROMYCIN 250 MG TABLET	4.30560	GRISEOFULVIN 125 MG/5 ML SUSP	0.27635
AZITHROMYCIN 500 MG TABLET	8.70600	LEFLUNOMIDE 20 MG TABLET	1.07050
CYCLOBENZAPRINE 5 MG TABLET	0.11580	PAMIDRONATE DISOD 30 MG VIAL	121.63200
FLUCONAZOLE-NS 400 MG/200 ML	0.12258	ZONISAMIDE 100 MG CAPSULE	1.01590

Table 9.10 – Decreases to the State MAC Legend Drugs Rates,
Effective for Dates of Service On or After September 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TAB	0.30162	MIRTAZAPINE 45 MG TABLET	0.40410
CIPROFLOXACIN 0.3% EYE DROP	2.22960	MOMETASONE FUROATE 0.1% CREAM	0.57093
CIPROFLOXACIN HCL 500 MG TAB	0.10878	NEO/POLYMYXIN/DEXAMETH DROP	0.41220
CITALOPRAM HBR 20 MG TAB	0.08628	OXYCODONE/APAP 7.5/325 MG TB	0.55527
ECONAZOLE NITRATE 1% CREAM	0.30818	TRIAMCINOLONE 0.1% CREAM	0.03655

Effective for Dates of Service On or After September 5, 2006

Table 9.11 – Increases to the State MAC Legend
Drugs Rates, Effective for Dates of Service On
or After September 5, 2006

Drug Name	State MAC Rate
ALBUTEROL 90 MCG INHALER	0.54417

Effective for Dates of Service On or After October 6, 2006

Table 9.12 – Decreases to the State MAC Legend Drugs Rates,
Effective for Dates of Service On or After October 6, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ECONAZOLE NITRATE 1% CREAM	0.29017	NYSTATIN 100,000 UNITS/GM OINT	0.05140
FLUVOXAMINE MALEATE 50 MG TB	0.41673	TEMAZEPAM 30 MG CAPSULE	0.09114
LOVASTATIN 20 MG TABLET	0.34295		

Direct 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 by e-mail at pharmacy@mslc.com.