

# Provider Monthly Newsletter

NL200610

October 2006

## Table of Contents

<b>Provider News</b> .....	2
New Bulletins on the IHCP Web Site .....	2
2006 IHCP Provider Seminar.....	2
Introducing Claims Analysis and Recovery .....	2
Proton Treatment Billing .....	2
Vaccines for Children.....	3
2006 October Quarterly HCPCS Codes Update.....	3
Reporting Personal Injury Claims.....	3
TPL Credit Balance Project.....	3
<b>Pharmacy Services</b> .....	<b>3</b>
State MAC Legend Drug Rate Updates .....	3
<b>National Provider Identifier</b> .....	<b>4</b>
NPI Reporting Tool .....	4
National Provider Identifier Web Page .....	5
<b>Contact Information</b> .....	<b>5</b>
Provider Relations Field Consultants .....	5
Provider Relations Field Consultants for Bordering States .....	5
For Provider Concerns.....	6
<b>Attachment 1: Indiana Health Coverage Programs Quick Reference</b> .....	<b>7</b>
<b>Attachment 2: HCPCS Codes Updates</b> .....	<b>8</b>
<b>Attachment 3: Provider TPL Referral Form</b> .....	<b>16</b>
<b>Attachment 4: State MAC Rate Updates</b> .....	<b>17</b>

## Abbreviations in this Newsletter

AVR	Automated Voice Response	MHS	Managed Health Service
CAR	claims analysis and recovery	MRT	Medical Review Team
CFR	Code of Federal Regulations	NPI	National Provider Identifier
CHIP	Children's Health Insurance Program	NPPES	National Plan and Provider Enumeration System
CMS	Centers for Medicare & Medicaid Services	OMPP	Office of Medicaid Policy and Planning
CPT	Current Procedural Terminology	PA	prior authorization
DUR	Drug Utilization Review	PBM	pharmacy benefits management
EDI	electronic data interchange	PCCM	primary care case management
EDS	Electronic Data Systems	PDL	preferred drug list
EVS	eligibility verification system	PMP	primary medical provider
HCE	Health Care Excel	POS	point of sale or place of sale
HCPCS	Healthcare Common Procedure Coding System	ProDUR	Prospective Drug Utilization Review
HIPAA	Health Insurance Portability and Accountability Act	RA	Remittance Advice
HMS	Health Management Services	RBMC	risk-based managed care
IAC	Indiana Administrative Code	RCP	Restricted Card Program
IHCP	Indiana Health Coverage Programs	SSN	Social Security number
ISDH	Indiana State Department of Health	SUR	Surveillance and Utilization Review
LPI	legacy provider identifier	TIN	tax identification number
MAC	maximum allowable cost	TPL	third party liability
MCO	managed care organization	VFC	Vaccines for Children

*Current Dental Terminology (CDT) (including procedures codes, nomenclature, descriptors, and other data contained therein) is copyrighted by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply for government use.*

## Provider News

### New Bulletins on the IHCP Web Site

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

[BT200618](#) – Annual MCO Member Bulletin

[BT200619](#) – PDL Update Bulletin

A complete list of bulletins is available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](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](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).

### 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)**

Complete details area available in the IHCP provider bulletin [BT200616](#).

### 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. The process determines 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 providers should, at a minimum, include in documentation. Providers must maintain medical and other records 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 toll-free at 1-800-457-4515.

### 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 CPT<sup>®</sup> codes listed in Table 10.1 to report the technical component only of the CPT codes noted in Table 10.1 for reporting proton treatment delivery. Therefore, effective for dates of service on or after December 1, 2006, the IHCP will not reimburse providers services reported using the CPT codes listed in Table 10.1 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 10.1 – 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

<sup>®</sup> *Current Procedural Terminology (CPT<sup>®</sup>) is copyright 2004 American Medical Association. All rights reserved.*

---

---

## Vaccines for Children

Effective September 25, 2006, the ISDH announces that the vaccine HCPCS code 90715 - *Tdap - Tetanus, Diphtheria toxoids and Acellular Pertussis Vaccine (Boostrix and Adacel)*, is available through the VFC Program. Therefore, for dates of service on or after September 25, 2006, reimbursement for HCPCS code 90715 is the lesser of the \$8 administration fee or the billed amount.

---

---

## 2006 October Quarterly HCPCS Codes Update

The purpose of this article is to notify providers of the coverage determinations for the 2006 October quarterly updates to the HCPCS codes. The new codes are identified by procedure code, description, PA requirements, allowed modifiers, and program coverage status. See [Attachment 2](#) of this newsletter.

Providers may report these codes for dates of service on or after October 1, 2006. The standard global billing procedures and edits apply when using the new codes (Table 10.2). The 2006 October Quarterly HCPCS codes may be accessed at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

*Note: As used in Tables 10.2 – 10.6, non-covered 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.*

---

---

## Reporting Personal Injury Claims

Providers should notify the EDS TPL Casualty Department if a request for medical records is received from an IHCP member's attorney about a personal injury claim, or if information is available about a personal injury claim being pursued by an IHCP member. When notifying the TPL Casualty Department, include the IHCP member's name, member identification number, date of injury, insurance

carrier information, and attorney name, phone number, and address, if available.

The TPL Casualty Department prepared a form for use when submitting this information; however, use of this form is not required. The *Provider TPL Referral* form ([Attachment 3](#) of this newsletter) is also available on the *Forms* page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp> under *Third Party Liability (TPL) Forms*.

Send this form to the TPL Casualty Department by e-mail at <mailto:INXIXTPLCasualty@eds.com>, by facsimile at (317) 488-5217, or by U.S. Mail to the following address:

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7262**

The EDS TPL Casualty Department may be contacted by telephone at (317) 488-5046 in the Indianapolis local area, or toll-free at 1-800-457-4510.

---

---

## TPL Credit Balance Project

HMS is partnering with EDS to collect credit balances owed to the IHCP. Quarterly, HMS mails letters and credit balance worksheets to select providers notifying them that the date for refunding credit balances is 60 days from the date of the letter. Providers must reply promptly to these notices. Providers may have credit balances subtracted from future Medicaid payments because adjustments are processed each week. Although only selected providers receive a letter and credit balance worksheet each quarter, all providers may use this credit balance process to return overpayments.

For questions about the credit balance collection process or requests for copies of the credit balance worksheet and instructions, contact HMS Provider Relations at 1-877-264-4854 (toll free). The credit balance worksheet and instructions can be downloaded from the *Forms* page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>.

---

---

## Pharmacy Services

---

---

### State MAC Legend Drug Rate Updates

Tables 10.6 – 10.9 ([Attachment 4](#) 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](mailto:pharmacy@mslc.com).

## National Provider Identifier

### 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*.

### 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](http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf).

### Obtaining an NPI

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

The NPI Reporting Tool is implemented and is 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 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 1-877-707-5750 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.*

**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](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](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	Rhonda Rupel	(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	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(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	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(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) 488-5154

If you need additional copies of this newsletter, please download them from the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/newsletters.asp>. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).



## Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
<b>AVR System</b> (including eligibility verification) (317) 692-0819 1-800-738-6770	<b>EDS Administrative Review</b> Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Provider Enrollment and Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	
<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515	<b>IHCP Web Site</b> <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	<b>Myers and Stauffer, LC</b> <a href="http://www.msclindy.com">http://www.msclindy.com/</a> 9265 Counselors Row, Suite 200 Indianapolis IN 46240	(317) 846-9521 1-800-877-6927 Fax (317) 571-8481 MDS Help Desk: (317) 816-4122	
Pharmacy Benefit Manager				
<b>ACS Drug Rebate</b> ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	<b>EDS Pharmacy Services Helpdesk for POS claims processing</b> (317) 655-3240 1-800-577-1278 or <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	<b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>Indiana DUR Board</b> <a href="mailto:INXIDURQuestions@acs-inc.com">INXIDURQuestions@acs-inc.com</a>	
<b>EDS Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>Indiana Administrative Review/ Pharmacy Claims</b> EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	<b>PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center</b> 1-866-879-0106 Fax: 1-866-780-2198	<b>To make refunds to IHCP for pharmacy claims send check to:</b> EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
Hoosier Healthwise (Managed Care Organizations) and Medicaid Select				
<b>Anthem</b> <a href="http://www.anthem.com">http://www.anthem.com</a> 1-888-232-9613 <b>Claims</b> 1-888-232-9613 <b>Member Services</b> 1-888-232-9613 <b>PA</b> 1-888-232-9613 <b>Provider Services</b> 1-800-618-3141 <b>Transportation</b> 1-888-232-9613	<b>CareSource</b> <a href="http://www.caresource-indiana.com">http://www.caresource-indiana.com</a> <b>Claims</b> 1-866-930-0017 <b>Member Services</b> 1-800-488-0134 <b>PA</b> 1-866-930-0017 <b>Provider Services</b> 1-866-930-0017	<b>Harmony Health Plan</b> <a href="http://www.harmonyhmi.com">http://www.harmonyhmi.com</a> <b>Claims</b> 1-800-504-2766 <b>Member Services</b> 1-800-608-8158 TTY: 1-877-650-0952 <b>PA/Medical Management</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766 <b>Pharmacy</b> 1-800-608-8158	<b>Managed Health Services (MHS)</b> <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> <b>Claims</b> Nursewise 1-800-414-9475 1-800-414-5946 <b>Member Services</b> 1-800-414-5946 <b>PA/Medical Management</b> 1-800-464-0991 <b>Provider Services</b> 1-800-414-9475 <b>ScripSolutions (PBM)</b> 1-800-555-8513	
<b>MDwise</b> <a href="http://www.mdwise.org">http://www.mdwise.org</a> <b>Claims</b> (317) 630-2831 or 1-800-356-1204 <b>Member Services</b> (317) 630-2831 or 1-800-356-1204 <b>PA/Medical Management</b> (317) 630-2831 or 1-800-356-1204 <b>Provider Services</b> (317) 630-2831 or 1-800-356-1204 <b>Pharmacy</b> (317) 630-2831 or 1-800-356-1204	<b>Molina Healthcare</b> <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a> <b>Claims</b> 1-800-642-4509 <b>Member Services</b> 1-800-642-4509 <b>PA</b> 1-800-642-4509 <b>Provider Services</b> 1-800-642-4509	<b>Medicaid Select</b> <a href="http://www.medicaidselect.com">http://www.medicaidselect.com</a> <b>Claims - EDS Customer Assistance</b> (317) 655-3240 or 1-800-577-1278 <b>Member Services</b> 1-877-633-7353, Option 1 <b>PA</b> HCE: (317) 347-4511 or 1-800-457-4518 <b>Provider Services for PMPs</b> 1-877-633-7353, Option 3 <b>Pharmacy</b> – see Pharmacy Benefit Manager section above		
Claim Filing				
<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270	<b>EDS Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>EDS CCFs</b> P.O. Box 7266 Indianapolis, IN 46207-7266	<b>EDS Dental Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS CMS-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
<b>EDS Claim Attachments</b> P.O. Box 7259 Indianapolis, IN 46207-7259	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (Non-Pharmacy)				
<b>To make refunds to IHCP:</b> <b>EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		<b>To Return Uncashed IHCP Checks:</b> <b>EDS Finance Department</b> 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

## HCPCS Codes Updates

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

Table 10.2 – 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
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

(Continued)



**Table 10.2 – 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
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

(Continued)

**Table 10.2 – 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
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
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

(Continued)

**Table 10.2 – 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
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
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

(Continued)

**Table 10.2 – 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
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
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

(Continued)

**Table 10.2 – 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
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

**Table 10.3 – 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, 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

(Continued)



Table 10.3 – 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
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

(Continued)

Table 10.3 – Reimbursement Rates  
Effective for Dates of Service On or After October 1, 2006

Procedure Code	Code Description	Max Fee as of October 1, 2006
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 10.4 – 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	Non-covered

Table 10.5 – 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

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

**Indiana Health Coverage Programs**



**PROVIDER TPL REFERRAL FORM**

*Providers: Please complete if you have received a request for medical records from an IHCP member's attorney relating to a personal injury claim or if you have information about a personal injury claim being pursued by an IHCP member.*

1. Name of IHCP Member: \_\_\_\_\_
2. Member Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Member's Home Address: \_\_\_\_\_
6. Member's Telephone Number: \_\_\_\_\_
7. Date of Accident or Injury: \_\_\_\_\_
8. Brief Description of Accident and Injuries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Member's Attorney Name, Address, and Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Insurance Information (Name of liability insurance carrier, policy number, claim number, adjuster's name, address, and phone number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please send this information to the TPL Casualty Department by e-mail at [INIXCasualty@eds.com](mailto:INIXCasualty@eds.com), by facsimile at (317) 488-5217, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail to the following address:*

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7762**

*Form Number: TPL0006  
Revision Date: March 2005*

## State MAC Rate Updates

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

Table 10.6 – 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		

### Effective for Dates of Service On or After October 10, 2006

Table 10.7 – 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

Table 10.8 – 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

Table 10.9 – 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 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](mailto:pharmacy@mslc.com).