Indiana Health Coverage Programs

Monthly News

Provider Monthly Newsletter

NL200611   **November 2006**

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Abbreviations in this Newsletter

AVR	Automated Voice Response	MCO	managed care organization
CFR	Code of Federal Regulations	MHS	Managed Health Service
CHIP	Children's Health Insurance Program	MRO	Medicaid Rehabilitation Option
CMS	Centers for Medicare & Medicaid Services	MRT	Medical Review Team
		NPI	National Provider Identifier
CPT	Current Procedural Terminology	NPPES	National Plan and Provider Enumeration System
DFR	Division of Family Resources		
DUR	Drug Utilization Review	OMPP	Office of Medicaid Policy and Planning
EDI	electronic data interchange	PA	prior authorization
EDS	Electronic Data Systems	PBM	pharmacy benefits management
EVS	eligibility verification system	PMP	primary medical provider
FFS	fee-for-service	POS	point of sale or place of sale
HCE	Health Care Excel	ProDUR	Prospective Drug Utilization Review
HCPCS	Healthcare Common Procedure Coding System	PRTF	Psychiatric Residential Treatment Facility
HIPAA	Health Insurance Portability and Accountability Act	RA	Remittance Advice
		RBMC	risk-based managed care
HMS	Health Management Services	RBRVS	Resource-Based Relative Value Scale
IAC	Indiana Administrative Code	RCP	Restricted Card Program
ICD	International Classification of Diseases	SSN	Social Security number
ICES	Indiana Client Eligibility System	SUR	Surveillance and Utilization Review
IHCP	Indiana Health Coverage Programs	TIN	tax identification number
LC	Limited Corporation	TPL	third party liability
LOC	level of care	VFC	Vaccines for Children
LPI	legacy provider identifier		
MAC	maximum allowable cost		

Provider News

New Bulletins on the IHCP Web Site

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

BT200620 – MRT Update

BT200621 – Inactive Provider NPI Information

BT200622 – Pacemaker and Corneal Tissue

BT200623 – Hospice Rates Update

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/mailing_list/default.asp.

2006 IHCP Provider Seminar Presentations Available on the Web

The presentations from the 2006 IHCP Provider Seminar are available for viewing or downloading on the IHCP Web site at http://www.indianamedicaid.com.

The presentations include those made by EDS provider field consultants and representatives from AmeriChoice, HCE, provider associations, other EDS departments, and current and new 2007 MCOs.

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

Additional Codes for 2006 July Quarterly HCPCS Codes Update Determined to be Non-Covered

The purpose of this article is to notify providers of the coverage determinations for additional codes with the 2006 July Quarterly Update to the HCPCS codes. The new codes are identified in Table 11.2 (Attachment 2 in this newsletter) by procedure code, description, and program coverage status. Providers may bill these codes for dates of service on or after the effective date of July 1, 2006. Refer to the IHCP banner *BR200628* for further information regarding the 2006 July Quarterly HCPCS Codes Update.

The standard global billing procedures and edits apply when using the new codes. These 2006 July quarterly

HCPCS codes were announced in the *CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 970*, dated May 30, 2006, and may be accessed at http://www.cms.hhs.gov/transmittals/downloads/R970CP.pdf.

> *Note: As used in Table 11.2, 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.*

Claims Coding Updates

Effective for dates of service on or after October 1, 2006, ICD-9-CM code *654.53 – Cervical incompetence, Antepartum* is added to the Emergency Department Diagnosis Codes table in the *IHCP Provider Manual,* Chapter 8, Section 2.

> *Providers submitting a claim past the one-year filing limit must re-submit the claim with a copy of this banner.*

Effective for dates of service on or after December 1, 2006, CPT® code *89220 – Sputum, obtaining specimen, aerosol induced technique* may be billed with revenue code *309 – Lab/Other*. Pricing for 89220 has been changed from manual pricing to the Maximum Fee RBRVS reimbursement rate of $10.65.

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

Proton Treatment Billing

The purpose of this article is to inform providers that the IHCP has determined that it is appropriate for providers to use the CPT codes listed in Table 11.1 to report the technical component only of the CPT codes noted in Table 11.1 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 11.1 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

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professional services using an appropriate CPT procedure code.

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

Table 11.1 – 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

Hospice Providers

Changes to Indiana*AIM* for PA Reviewers

The purpose of this article is to inform hospice providers that effective December 1, 2006 the required changes to Indiana*AIM* have been made to permit PA reviewers at HCE, the Medicaid PA contractor, to enter a hospice LOC for dually-eligible Medicare and Medicaid members residing in nursing facilities with an open-ended segment. This results in significant streamlining of paperwork submission by hospice providers. The following paragraphs are to remind hospice providers of the required forms that they still need to submit for dually-eligible Medicare and Medicaid hospice members and the procedures for Medicaid-only members.

Changes to the hospice rules in August 1, 2003, specified that hospice providers at the time of hospice election are required to submit a one-page Hospice Authorization Notification for Dually-Eligible Medicare/Medicaid Hospice Members Residing in Nursing Facilities to HCE. Hospice providers must still

notify the IHCP when the dually-eligible Medicare and Medicaid member residing in a nursing facility revokes hospice, is discharged from hospice by the provider, changed hospice providers or has a change of status. If the member re-enrolls in hospice, then the one-page form must be resubmitted.

The system change also includes an autoclosure for the dually-eligible Medicare and Medicaid hospice member's date of death. The date of death is imported into Indiana*AIM* from the local DFR database known as ICES. If there is a discrepancy between the date of death in Indiana*AIM* and as noted by the hospice provider, the hospice provider must correct it at the local DFR by providing the caseworker with a copy of the death certificate. Neither EDS nor HCE have the ability to change the date of death in Indiana*AIM* .

Hospice providers must still submit hospice authorization paperwork for each hospice benefit period for all Medicaid-only members. Failure to do so results in denial of claims under error code *2024 – This member does not have hospice level of care.*

Managed Care Providers

2007 Behavioral Health Claim Processing Changes

To coordinate comprehensive medical and behavioral health services for Hoosier Healthwise members, the MCOs will assume risk for most behavioral health services, including outpatient and free-standing psychiatric facility services, effective January 1, 2007.

Providers must submit all behavioral health claims for members enrolled in Hoosier Healthwise RBMC with dates of service on or after January 1, 2007, directly to the member's MCO for claim processing. The only exceptions are claims for MRO and PRTF services.

Providers should contact the respective MCO for questions about claim submission and authorization guidelines.

Providers should continue to submit claims for dates of service prior to January 1, 2007, and MRO and PRTF claims to EDS. EDS continues to process MRO and PRTF claims as a fee-for-service claims.

Additional information about Hoosier Healthwise and covered benefits for behavioral health are provided in the *RFS-6-68 Attachment D: Scope of Work*, which is posted on the IHCP Web site at http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCOContractProcurement.asp.

Pharmacy Services

State MAC Legend Drug Rate Updates

Tables 11.3 – 11.7 (Attachment 3 of this newsletter) contain the updates to the State MAC rates and lists the 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.

Medicare Part D – Prescription Niacin Products

Effective January 1, 2007, CMS will consider all prescription niacin products as covered drugs under the Medicare Part D benefit. Therefore, effective January 1, 2007, Indiana Medicaid will **not** cover these products for Medicare Part D eligible members.

National Provider Identifier

First Step Providers To Be Notified when To Report Your NPI to IHCP

Please do not report your NPI to the IHCP until further notice. EDS is in the process of making modifications to ensure an easier and more accurate NPI reporting process. You will be notified when you can resume the NPI reporting process.

This applies to First Steps providers only.

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 has implemented the Web-based NPI Reporting Tool and now requests that providers begin reporting their NPI to the IHCP. 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 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 is 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. 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	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	TaWanna Danzie	(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

(Continued)

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
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/mailing_list/default.asp.

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 and 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	Myers and Stauffer, LC http://www.mslcindy.com/ 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			
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Helpdesk 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 *Medicaid Select*			
Anthem http://www.anthem.com 1-888-232-9613 Claims Pharmacy 1-888-232-9613 In development Member Services 1-888-232-9613 PA 1-888-232-9613 Provider Services 1-800-618-3141 Transportation 1-888-232-9613	CareSource http://www.caresource-indiana.com Claims 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 Nursewise 1-800-414-9475 1-800-414-5946 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 ScripSolutions (PBM) 1-800-555-8513
MDwise http://www.mdwise.org Claims (317) 630-2831 or 1-800-356-1204 Member Services (317) 630-2831 or 1-800-356-1204 PA/Medical Management (317) 630-2831 or 1-800-356-1204 Provider Services (317) 630-2831 or 1-800-356-1204 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	*Medicaid Select* http://www.medicaidselect.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-877-633-7353, Option 1 PA HCE: (317) 347-4511 or 1-800-457-4518 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

HCPCS Codes Updates

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

Table 11.2 – Additional Codes for 2006 July Quarterly HCPCS Codes Update,
Effective for Dates of Service On or After July 1, 2006

Procedure Code	Description	Coverage
0155T	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0156T	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0158T	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Non-Reimbursable for All Programs, Non-Reimbursable for Package C IHCP provides reimbursement for this service to providers billing HCPCS Code S2213.
0159T	Computer aided detection, including computer algorithm analysis of magnetic resonance imaging (MRI) image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0160T	Therapeutic repetitive transcranial magnetic stimulation treatment planning	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies
0161T	Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session	Non-Covered for All Programs, Non-Covered for Package C Service remains in Clinical Studies

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

State MAC Rate Updates

Effective for Dates of Service On or After October 31, 2006

Table 11.3 – **Increases** to the State MAC Legend Drug Rates
Effective for Dates of Service On or After October 31, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BENAZEPRIL-HCTZ 10/12.5 MG TABLET	0.21315	TRIAMCINOLONE 0.1% DENTAL PASTE	4.53920
LEVOTHYROXINE 137 MCG TABLET	0.50733		

Effective for Dates of Service On or After November 10, 2006

Table 11.4 – **Additions** to the State MAC Rate List for Legend Drugs
Effective for Dates of Service On or After November 10, 2006

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

Table 11.5 – **Decreases** to the State MAC Rates
Effective for Dates of Service On or After November 10, 2006

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

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

Table 11.6 – **Decreases** to the State MAC Legend Drug Rates
Effective for Dates of Service On or After December 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TABLET	0.28659	LISINOPRIL-HCTZ 20/12.5 MG TABLET	0.11991
CLONAZEPAM 0.5 MG TABLET	0.02192	POLYETHYLENE GLYCOL 3350 POWDER	0.04120
DESOXIMETASONE 0.25% CREAM	0.50515		

Table 11.7 – **Additions** to the State MAC for Legend Drugs,
Effective for Dates of Service On or After December 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CABERGOLINE 0.5 MG TABLET	27.61920	NICOTINE 21 MG/24 HR PATCH	5.53670

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.