

Indiana Medicaid Resolutions Manual

NAME: 6000 MANUAL PRICING REQUIRED (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if there is no price on file for the billed procedure code.

CRITERIA:

If a procedure code has a pricing indicator of "SYSMAN" on the reimbursement rules, set the edit with EOB 6000, *The payment has been calculated according to current Indiana Health Coverage Program policies*. The reimbursement rules may be located in CoreMMIS at Main Menu > BPA > Procedure Code > [procedure code] > Open Tab > Procedure > Reimbursement Rules.

Procedure codes with a "SYSMAN" pricing indicator in CoreMMIS, suspend for manualIf a procedure code has a pricing indicator of "SYSMAN" on the reimbursement rules, set the edit with EOB 6000, *The payment has been calculated according to current Indiana Health Coverage Program policies*. The reimbursement rules may be located in CoreMMIS at Main Menu > BPA > Procedure Code > [procedure code] > Open Tab > Procedure > Reimbursement Rules. review and pricing. **Refer to the table below and this entire resolution page for specific information regarding specific procedure codes or types of procedure codes before forcing this edit.**

If the claim suspends for edit 6000, review the table below. Put in the allowed amount and force the edit to pay with EOB 6000, or deny with another EOB. You must force edit 6000 for the claim to pay or the claim will re-suspend.

Invoices

*****VERIFY THAT THE ATTACHMENT IS EITHER A COST INVOICE OR AN MSRP, THIS WILL BE ON THE ATTACHMENT. *****

- **Manufacturer's cost invoice** for items that are custom or for which the manufacturer does not supply a Manufacturer's Suggested Retail Price (MSRP). (The billing provider name and address will be different from the address of the supplier on the Manufacturer's Cost Invoice).

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- **Manufacturer's Suggested Retail Price** represent the suggested retail price (the MSRP Invoice, Catalog Page showing MSRP, or a quote from the Manufacturer stating the MSRP).

Providers do not need to submit a manufacturer's cost invoice with their claims for medical supply procedure codes that are manually priced unless noted in the codes chart. Procedure codes with a MSRP attachment and a cost invoice will continue to be reimbursed at 75% of the MSRP.

Provider's that are billing for services that have no MSRP from the manufacturer should identify on the cost invoice that a "MSRP is not available for the product billed." Acceptable forms of manufacturer's suggested retail price (MSRP) are:

- Manufacturer's invoice showing MSRP, suggested retail price, or retail price.
- Quote from the manufacturer showing the MSRP, suggested retail price, or retail price.
- Manufacturer's catalog page showing the MSRP, suggested retail price, or retail price. The catalog publication date must be clearly shown on the documentation.
- MSRP pricing from the manufacturer's website. The manufacturer's web address must be clearly shown on printed documentation from the website.

Procedure Code Modifier Combinations

Procedure code modifier combination restrictions are accessible through the base code in *CoreMMIS*. Access the base code in *CoreMMIS* following the path Main Menu > BPA > Procedure > [procedure code]. The rules will determine if a modifier may be reported and if it affects reimbursement.

Switching Codes

When processing claims for any attachment edits, you will need to see if there is an attachment from Medicare or other insurance; check the claim and supporting documentation for mismatched procedure codes. It is imperative that claims are paid, only if the code billed to Medicaid is the same code that was originally billed to Medicare.

The following codes may be switched:

- K code billed to Medicare billed to Medicaid as an E code, when Medicaid does not cover the K code
- G codes
- A0425

Adjustment region codes

If an adjustment is performed on the claim, the system will suspend the claim. The resolutions analyst should follow the same method of correction used, when determining pricing on the original or (mom claim). If there is a change in the charge, it will require the analyst to conduct the proper method of correction for that procedure. If there is no change in the charge the analyst can bring the calculated amount from the original (mom claim) forward to the adjustment.

Units

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The number of units on the MSRP/cost invoice must be equal to or exceed the number of units billed on the claim. The invoice cannot be altered.

Kits and Itemization

When an item that needs MSRP or cost invoice documentation is a kit put together by the provider, (not a pre-packaged kit from the manufacturer), a list (made by the provider) of ordered items that are in the kit needs to be present with pricing documentation. This list must include the exact description of the items from the manufacturer's invoice. The list should also show how many items are in a box, case, etc. and how many items were used in the kit.

Special Consideration

Under special arrangement the IHCP will cover an item or service that is typically not covered. These services are on the noncovered provider contract located in *CoreMMIS* following the path Main Menu > BPA > Procedure > [procedure code] > Open Tab > Contract Billing Rules or Reimbursement Rules. In these cases, special arrangements for coverage and reimbursement are handled through the PA process. These claims will suspend to claim region 91 to be processed. Refer to the PA on file for approved reimbursement.

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90634	Hepatitis A vaccine pediatric or adolescent dosage (3 dose schedule)	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type B vaccine	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90654	Influenza vaccine, trivalent, split virus, preservative-free	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90655	Influenza vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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90657	Influenza vaccine, trivalent, 0.25 mL dosage	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90660	Influenza vaccine, trivalent for nasal administration	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90673	Influenza vaccine, trivalent derived from recombinant DNA	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90733	Meningococcal vaccine, serogroups A, C, Y, W-135	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
90748	Hepatitis B and Haemophilus influenzae type B vaccine	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
A0110	Non-emergency transportation and bus, intra- or interstate carrier	Per 405 IAC 5-30-1.5 and state plan these codes pay the ticket price	6169 6240 6609 9011 6000
A0140	Non-emergency transportation and air travel (private or commercial) intra- or interstate	Per 405 IAC 5-30-1.5 and state plan these codes pay the ticket price	6169 6240 6609 9011 6000
A0999	Unlisted Ambulance Service	100% invoice or ticket price Mileage not paid	2508 6169 6240 6609 9011 6000
A2020	Ac5 advanced wound system (ac5)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 9014 6000

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A4223	Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List Drugs Separately)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 9014 6000
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4261	Cervical Cap For Contraceptive Use	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	Effective 9/1/16 - 120% of the cost invoice per BR201630. If a MSRP is submitted, deny the detail. <ul style="list-style-type: none"> • "Implant Sterilization" in the body of the claim form or on the accompanying invoice • Valid signed Sterilization Consent Form • ICD diagnosis code Z30.2 	6169 6240 6609 9011 9014 6000
A4266	Diaphragm For Contraceptive Use	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000

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A4281	Tubing For Breast Pump, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4282	Adapter For Breast Pump, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4283	Cap For Breast Pump Bottle, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4284	Breast Shield And Splash Protector For Use With Breast Pump, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4285	Polycarbonate Bottle For Use With Breast Pump, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4286	Locking Ring For Breast Pump, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4301	Implantable Access Total Catheter, Port/Reservoir (E.G., Venous, Arterial, Epidural, Subarachnoid, Peritoneal, Etc.)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4321	Therapeutic agent for urinary catheter irrigation	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these	2508 6169 6240 6609 9011 6000

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		contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors. "	
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), Each	<p>75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508 6169 6240 6609 9011 6000</p>
A4458	Enema bag with tubing, reusable	<p>75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and</p>	<p>2508 6169 6240 6609 9011 6000</p>

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		coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4467	Belt, strap, sleeve, garment, or covering, any type	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A4566	Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4606	Oxygen Probe For Use With Oximeter Device, Replacement	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4634	Replacement Bulb For Therapeutic Light Box, Tabletop Model	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A4638	Replacement Battery For Patient-Owned Ear Pulse Generator, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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A5510	For Diabetics Only, Direct Formed, Compression Molded To Patient's Foot Without External Heat Source, Multiple-Density Insert(s) Prefabricated, Per Shoe	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6000	Non-Contact Wound Warming Wound Cover For Use With The Non- Contact Wound Warming Device And Warming Card	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6228	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6239	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6411	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6412	Eye Patch, Occlusive, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6501	Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6504	Compression Burn Garment, Glove To Wrist, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6505	Compression Burn Garment, Glove To Elbow, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6506	Compression Burn Garment, Glove To Axilla, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6507	Compression Burn Garment, Foot To Knee	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169

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	Length, Custom Fabricated		6240 6609 9011 6000
A6508	Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6510	Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard), Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6511	Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6512	Compression Burn Garment, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6513	Compression Burn Mask, Face and/or Neck, Plastic Or Equal, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6530	Gradient Compression Stocking, Below Knee, 18-30 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6533	Gradient Compression Stocking, Thigh Length, 18-30 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
A6534	Gradient Compression Stocking, Thigh Length, 30-40 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6535	Gradient Compression Stocking, Thigh Length, 40-50 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6536	Gradient Compression Stocking, Full Length/Chap Style, 18-30 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40-50 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6539	Gradient Compression Stocking, Waist Length, 18-30 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6541	Gradient Compression Stocking, Waist Length, 40-50 mmHg, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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A6544	Gradient Compression Stocking, Garter Belt	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A6549	Gradient compression stocking/sleeve, not otherwise specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A7523	Tracheostomy Shower Protector, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A9155	Artificial Saliva, 30 MI	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A9273	Hot Water Bottle, Ice Cap Or Collar, Heat and/or Cold Wrap, Any Type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A9277	Transmitter; External, For Use With Interstitial	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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	Continuous Glucose Monitoring System		6609 9011 6000
A9278	Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
A9286	Hygienic item or device, disposable or non-disposable, any type, each	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
A9999	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	75% MSRP or 120% cost invoice A4264 is reported for hysteroscopic implant device	2508 6169 6240 6609 9011 6000
B4100	Food thickener, administered orally, per ounce	75% MSRP or 120% cost invoice	2508 6169 6240 6609 9011 6000
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	75% MSRP or 120% cost invoice	2508 6169 6240 6609 9011 6000
B4157	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	75% of MSRP or 120% of cost invoice or purchase order (PO) Basic Formula for calculating off the invoice when packages, cases, boxes and etc. are involved <ul style="list-style-type: none"> • Find the price for individual case • Determine how many is in a case • Determine how much one unit is • Multiply the price for one unit X the units on the claim 	2508 6169 6240 6609 9011 6000

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B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% (500 ML= 1 Unit) - homemix	75% of MSRP or 120% of cost invoice or purchase order (PO) Basic Formula for calculating off the invoice when packages, cases, boxes and etc. are involved <ul style="list-style-type: none"> • Find the price for individual case • Determine how many is in a case • Determine how much one unit is • Multiply the price for one unit X the units on the claim 	2508 6169 6240 6609 9011 6000
B9998	NOC for enteral supplies	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 9014 6000
B9999	NOC for parenteral supplies	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 9014 6000
C1721	Cardioverter-defibrillator, dual chamber (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1722	Cardioverter-defibrillator, single chamber (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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C1779	Lead, pacemaker, transvenous vdd single pass	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1780	Lens, intraocular (new technology)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	120% cost invoice effective 11/25/16 per BR201643. If a MSRP is submitted, deny the detail. 100% cost invoice thru 11/24/16	2508 6169 6240 6609 9011 6000
C1786	Pacemaker, single chamber, rate-responsive (implantable)	120% cost invoice effective 11/25/16 per BR201643. If a MSRP is submitted, deny the detail. 100% cost invoice thru 11/24/16	2508 6169 6240 6609 9011 6000
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1898	Lead, pacemaker, other than transvenous vdd single pass	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C1900	Lead, left ventricular coronary venous system	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
C2621	Pacemaker, other than single or dual chamber (implantable)	120% cost invoice effective 11/25/16 per BR201643. If a MSRP is submitted, deny the detail. 100% cost invoice through 11/24/16	2508 6169 6240 6609 9011 6000
C9101	Injection, oliceridine, 0.1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
C9399	Unclassified drugs or biologicals	Refer to Prior Authorization subsystem for reimbursement information	2508 6170 9011 9014 6000
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Requires supporting documentation (periodontal charting) as the medical necessity of providing this service. Documentation must show that the member has periodontal disease by showing pocket markings or evidence of attachment loss and showing that the procedure was necessary for the removal of cementum and dentin that is rough, permeated by calculus, or contaminated with toxins or microorganisms. The date of the root planing and scaling must be written on the periodontal chart next to the quadrant. The IHCP does not require radiographs documenting the periodontal disease with the claim submission, but radiographs must be part of the dental record and maintained in the dentist's office.	2508 6169 6609 9011 6000

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D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Requires supporting documentation (periodontal charting) as the medical necessity of providing this service. Documentation must show that the member has periodontal disease by showing pocket markings or evidence of attachment loss and showing that the procedure was necessary for the removal of cementum and dentin that is rough, permeated by calculus, or contaminated with toxins or microorganisms. The date of the root planing and scaling must be written on the periodontal chart next to the quadrant. The IHCP does not require radiographs documenting the periodontal disease with the claim submission, but radiographs must be part of the dental record and maintained in the dentist's office.	2508 6169 6609 9011 6000
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Requires dental chart and proof of dental implant	2508 6169 6609 9011
D7999	Unspecified oral surgery procedure, by report	Requires physician/practitioner notes or op report	2508 6169 6609 9011 6000
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And Accessories	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0218	Water Circulating Cold Pad With Pump	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0231	Non-Contact Wound Warming Device (Temperature Control Unit, Ac Adapter And Power Cord) For Use	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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	With Warming Card And Wound Cover		
E0232	Warming Card For Use With The Non-contact Wound Warming Device And Non-contact Wound Warming Wound Cover	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0270	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, W/Mattress	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0273	Bed Board	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0350	Control Unit For Electronic Bowel Irrigation/Evacuation System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0352	Disposal Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 9014 6000
E0481	Intrapulmonary Percussive Ventilation System And Related Accessories	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 9014 6000
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non- Adjustable, Prefabricated, Includes Fitting And Adjustment	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non- Adjustable, Custom Fabricated, Includes Fitting And Adjustment	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0625	Patient Lift, Bathroom Or Toilet, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0755	Electronic Salivary Reflex Stimulator (Intra- Oral/Non-Invasive)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0769	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0770	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve and/or Muscle Groups, Any Type, Complete System, Not Otherwise Specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E0787	External ambulatory infusion pump, insulin,	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169

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	dosage rate adjustment using therapeutic continuous glucose sensing		6240 6609 9011 6000
E1011	Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1220	Specially Constructed Wheelchair	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1358	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type, Replacement Only, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1399	Durable Medical Equipment, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E1902	Communication Board, Non-Electronic Augmentative Or Alternative Communication Device	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2102	Adjunctive continuous glucose monitor or receiver	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2230	Manual Wheelchair Accessory, Manual Standing System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2291	Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2292	Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2293	Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair,	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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	Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features		6609 9011 6000
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2358	Power wheelchair accessory, group 34 non- sealed lead acid battery, each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2398	Wheelchair accessory, dynamic positioning hardware for back	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2511	Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2512	Accessory For Speech Generating Device, Mounting System	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2599	Accessory For Speech Generating Device, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
E2617	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
H2013 U1	Psychiatric health facility service, per diem	<ul style="list-style-type: none"> • Go to L:\Claims\TBI Information. • Find the report that matches the date of service on the claim. • Look for provider on the TBI listing sheet. • Look for the recipient on the TBI listing sheet for the approval rate. • Look for the rate for the date of service <p>Multiply the rate times the units on the claim. This will be your allowed amount. The TBI listing must have the recipient present in order to process claim for payment for edit 6000. The other edits vary on an individual basis.</p>	9011 6000
J0120	Injection, tetracycline, up to 250 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0130	Injection, abciximab, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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			9011 6000
J0190	Injection, biperiden lactate, per 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0200	Injection, alatrofloxacin mesylate, 100 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0205	Injection, alglucerase, per 10 units	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0215	Injection, alefacept, 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0220	Aglucosidase alfa, 10 mg, not otherwise specified	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0350	Injection, anistreplase, per 30 units	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0365	Injection, aprotonin, 10,000 kiu	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0380	Injection, metaraminol bitartrate, per 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0390	Injection, chloroquine hydrochloride, up to 250 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0395	Injection, arbutamine HCl, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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			9011 6000
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0475	Injection, baclofen, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0570	Buprenorphine implant, 74.2 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0710	Injection, cephalixin sodium, up to 1 gm	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0715	Injection, ceftizoxime sodium, per 500 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0716	Injection, centrurides immune F(Ab)2, up to 120 milligrams	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0745	Injection, codeine phosphate, per 30 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0795	Injection, corticorelin ovine triflutate, 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0841	Injection, crotalidae immune F(Ab)2 (equine), 120 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J0945	Injection, brompheniramine maleate, per 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1094	Injection, dexamethasone acetate, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1130	Injection, diclofenac sodium, 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1162	Injection, digoxin immune fab (ovine), per vial	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1180	Injection, dyphylline, up to 500 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1201	Injection, cetirizine hydrochloride, 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1260	Injection, dolasetron mesylate, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1267	Injection, doripenem, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J1320	Injection, amitriptyline HCl, up to 20 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1330	Injection, ergonovine maleate, up to 0.2 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1430	Injection, ethanolamine oleate, 100 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1435	Injection, estrone, per 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1436	Injection, etidronate disodium, per 300 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1457	Injection, gallium nitrate, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1600	Injection, gold sodium thiomalate, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1655	Injection, tinzaparin sodium, 1000 IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1675	Injection, histrelin acetate, 10 micrograms	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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			9011 6000
J1700	Injection, hydrocortisone acetate, up to 25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1730	Injection, diazoxide, up to 300 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1835	Injection, itraconazole, 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1840	Injection, kanamycin sulfate, up to 500 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1850	Injection, kanamycin sulfate, up to 75 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1890	Injection, cephalothin sodium, up to 1 gram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1945	Injection, lepirudin, 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J1960	Injection, levorphanol tartrate, up to 2 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J1990	Injection, chlordiazepoxide HCl, up to 100 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2062	Loxapine for inhalation, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2278	Injection, ziconotide, 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2320	Injection, nandrolone decanoate, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2325	Injection, nesiritide, 0.1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2355	Injection, oprelvekin, 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2410	Injection, oxymorphone hcl, up to 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2460	Injection, oxytetracycline HCl, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2503	Injection, pegaptanib sodium, 0.3 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2513	Injection, pentastarch, 10% solution, 100 ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J2650	Injection, prednisolone acetate, up to 1 ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2670	Injection, tolazoline HCl, up to 25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2725	Injection, protirelin, per 250 mcg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2797	Injection, rolapitant, 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2805	Injection, sincalide, 5 micrograms	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2810	Injection, theophylline, per 40 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2850	Injection, secretin, synthetic, human, 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2910	Injection, aurothioglucose, up to 50 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2940	Injection, somatrem, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2950	Injection, promazine HCl, up to 25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J2995	Injection, streptokinase, per 250,000 IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J3070	Injection, pentazocine, 30 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3265	Injection, torsemide, 10 mg/ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3280	Injection, thiethylperazine maleate, up to 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3302	Injection, triamcinolone diacetate, per 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3303	Injection, triamcinolone hexacetonide, per 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3305	Injection, trimetrexate glucuronate, per 25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3310	Injection, perphenazine, up to 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3350	Injection, urea, up to 40 gm	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3364	Injection, urokinase, 5000 IU vial	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3365	Injection, IV, urokinase, 250,000 IU vial	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J3400	Injection, triflupromazine HCl, up to 20 mg/ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3490	Unclassified drugs	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3520	Edetate disodium, per 150 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3590	Unclassified biologics	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J3591	Unclassified drug or biological used for esrd on dialysis	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7110	Infusion, dextran 75, 500 ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7168	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7170	Injection, emicizumab-kxwh, 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7175	Injection, factor x, (human), 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7178	Injection, Human fibrinogen concentrate), 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7186	Injection, Antihemophilic factor VIII/Von Willebrand Factor complex (human), per Factor VIII IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7190	Factor viii (antihemophilic factor, human) per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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			9011 6000
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7193	Factor ix (antihemophilic factor, purified, non- recombinant) per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7194	Factor ix, complex, per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7198	Anti-inhibitor, per i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7199	Hemophilia clotting factor, not otherwise classified	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7201	Injection, factor ix, fc fusion protein (recombinant), per iu	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7203	Injection factor ix, (antihemophilic factor,	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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	recombinant), glycopegylated, (rebinyn), 1 iu		9011 6000
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u..	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 9014 6000
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 9014 6000
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7310	Ganciclovir, 4.5 mg, long-acting implant	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7316	Injection, ocriplasmin, 0.125 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7330	Autologous cultured chondrocytes, implant	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7505	Muromonab-CD3, parenteral, 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7513	Daclizumab, parenteral, 25 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7599	Immunosuppressive drug, not otherwise classified	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7604	Acetylcysteine, inhalation solution, compounded product,	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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	administered through DME, unit dose form, per gram		9011 6000
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7665	Mannitol, administered through an inhaler, 5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7699	NOC drugs, inhalation solution administered through DME	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J7799	NOC drugs, other than inhalation drugs, administered through DME	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J8499	Prescription drug, oral, non chemotherapeutic, NOS	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J8650	Nabilone, oral, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170

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			9011 6000
J8670	Rolapitant, oral, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J8999	Prescription drug, oral, chemotherapeutic, NOS	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9015	Injection, aldesleukin, per single use vial	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9098	Injection, cytarabine liposome, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9160	Injection, denileukin difitox, 300 micrograms	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9202	Goserelin acetate implant per 3.6 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000

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J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9219	Leuprolide acetate implant, 65 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9247	Injection, melphalan flufenamide, 1 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9270	Injection, plicamycin, 2.5 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9285	Injection, olaratumab, 10 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9600	Injection, porfimer sodium, 75 mg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
J9999	Not otherwise classified, antineoplastic drugs	Priced by the GAINWELL TECHNOLOGIES Pharmacist.	2508 6170 9011 6000
K0812	Power Operated Vehicle, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K0898	Power Wheelchair, Not Otherwise Classified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1013	Enema tube, any type, replacement only, each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1015	Foot, adductus positioning device, adjustable	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
K1025	Non-pneumatic sequential compression garment, full arm	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
K1031	Non-pneumatic compression controller without calibrated gradient pressure	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1032	Non-pneumatic sequential compression garment, full leg	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
K1033	Non-pneumatic sequential compression garment, half leg	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Placed Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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	Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated		
L0629	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L0632	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L0634	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(s), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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	Frame/Panel(s), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated		
L0999	Addition To Spinal Orthosis, Not Otherwise Specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L1499	Unlisted Procedure For Spinal Orthosis	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L2999	Unlisted Procedures For Lower Extremity Orthoses	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3160	Foot, Adjustable Shoe-Styled Positioning Device	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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			9011 6000
L3161	Foot, adductus position, adj	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3202	Orthopedic Shoe, Oxford With Supinator Or Pronator, Child	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3204	Orthopedic Shoe, Hightop With Supinatore Or Pronator, Infant	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator, Child	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3208	Surgical Boot, Each, Infant	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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L3209	Surgical Boot, Each, Child	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3211	Surgical Boot, Each, Junior	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3212	Benesch Boot, Pair, Infant	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3213	Benesch Boot, Pair, Child	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3214	Benesch Boot, Pair, Junior	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3217	Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3251	Foot-Shoe Molded To Patient Model, Silicone Shoe, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3252	Foot-Shoe Molded To Patient Model,	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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	Plastazote (Or Similar), Custom Fabricated, Each		6609 9011 6000
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted , Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3254	Non-Standard Size Or Width	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3255	Non-Standard Size Or Length	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3257	Orthopedic Footwear, Additional Charge For Split Size	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3260	Surgical Boot/Shoe, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3265	Plastazote Sandal, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3485	Heel-Pad, Removable For Spur	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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L3649	Unlisted Procedures For Foot Orthopedic Shoes, Shoe Modifications And Transfers	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3677	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Includes Fitting And Adjustment	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L3999	Unlisted Procedures For Upper Limb Orthosis	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L4002	Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L4210	Repair of orthotic device, repair or replace minor parts	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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L5999	Unlisted Procedures For Lower Extremity Prosthesis	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L7499	Unlisted Procedures For Upper Extremity Prosthesis	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L7510	Repair of prosthetic device, repair or replace minor parts	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L7600	Prosthetic Donning Sleeve, Any Material, Each	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8039	Breast Prosthesis, Not Otherwise Specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8499	Unlisted Procedure For Miscellaneous Prosthetic Services	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8505	Artificial Larynx Replacement Battery / Accessory, Any Type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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			6609 9011 6000
L8604	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary Tract, 1 ML, Includes Shipping And Necessary Supplies	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8680 U1	Implantable neurostimulator electrode, each, VNS only	MSRP AND cost invoice per BR201448. If both are not submitted with the claim, deny the detail. 75% MSRP VNS diagnosis- G40111, G40119, G40211, or G40219	6169 6240 9011 9024 6000
L8686 U1	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension, VNS only	MSRP AND cost invoice per BR201448. If both are not submitted with the claim, deny the detail. 75% MSRP VNS diagnosis- G40111, G40119, G40211, or G40219	6169 6240 9011 9024 6000
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8699	Prosthetic Implant, Not Otherwise Specified	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L8701	Powered upper extremity range of motion assist device, elbow, wrist,	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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	hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		6609 9011 6000
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
L9900	Orthotic And Prosthetic Supply, Accessory, and/or Service Component Of Another HCPCS Code	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
Q0488	Power pack base for use with electric pneumatic	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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	ventricular assist device, replacement only		6609 9011 6000
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
Q0515	Injection, sermorelin acetate, 1 microgram	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6169 6240 6609 9011 6000
Q4050	Cast supplies, for unlisted types and materials of casts	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
Q4051	Splint supplies, miscellaneous (includes	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169

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	thermoplastics, strapping, fasteners, padding and other supplies)		6240 6609 9011 6000
Q9954	Oral magnetic resonance contrast agent, per 100 mL	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
S1030	Continuous Noninvasive Glucose Monitoring Device, Purchase (For Physician Interpretation Of Data, Use CPT Code)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S0148	Injection, pegylated interferon alfa-2b, 10mcg	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6170 9011 6000
S4993	Contraceptive pills for birth control	Priced by the GAINWELL TECHNOLOGIES Pharmacist	2508 6169 6240 6609 9011 6000
S8100	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; Without Mask	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8101	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; With Mask	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8120	Oxygen Contents, Gaseous, 1 Unit Equals 1 Cubic Foot	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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S8121	Oxygen Contents, Liquid, 1 Unit Equals 1 Pound	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8185	Flutter Device	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8186	Swivel Adaptor	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8189	Tracheostomy supply, not otherwise classified	120% cost invoice	2508 6169 6240 6609 9011 6000
S8420	Gradient Pressure Aid (Sleeve And Glove Combination), Custom Made	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8421	Gradient Pressure Aid (Sleeve And Glove Combination), Ready Made	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8422	Gradient Pressure Aid (Sleeve), Custom Made, Medium Weight	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8423	Gradient Pressure Aid (Sleeve), Custom Made, Heavy Weight	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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			6609 9011 6000
S8424	Gradient Pressure Aid (Sleeve), Ready Made	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8425	Gradient Pressure Aid (Glove), Custom Made, Medium Weight	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8426	Gradient Pressure Aid (Glove), Custom Made, Heavy Weight	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8427	Gradient Pressure Aid (Glove), Ready Made	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S8428	Gradient Pressure Aid (Gauntlet), Ready Made	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
S9432	Medical foods for non-inborn errors of metabolism	75% MSRP or 120% cost invoice Use MSRP if both submitted	6169 6240 6609 9011 6000
T4521 U9	Adult sized disposable incontinence product, brief/diaper, small, each	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc.	2508 6169 6240 6609 9011 6000

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		All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
T4522 U9	Adult sized disposable incontinence product, brief/diaper, medium, each	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	2508 6169 6240 6609 9011 6000
T4523 U9	Adult sized disposable incontinence product, brief/diaper, large, each	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this	2508 6169 6240 6609 9011 6000

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		policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
T4524 U9	Adult sized disposable incontinence product, brief/diaper, extra large, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4525 U9	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>

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		be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
T4526 U9	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc.</p> <p>All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4527 U9	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc.</p> <p>All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4528 U9	Adult sized disposable incontinence product, protective	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p>

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	underwear/pull-on, extra large size, each	with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	9011 6000
T4529 U9	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	2508 6169 6240 6609 9011 6000
T4530 U9	Pediatric sized disposable incontinence product, brief/diaper, large size, each	75% MSRP or 120% cost invoice Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt. Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from	2508 6169 6240 6609 9011 6000

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		noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
T4531 U9	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4532 U9	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>

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		coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.	
T4533 U9	Youth sized disposable incontinence product, brief/diaper, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4534 U9	Youth sized disposable incontinence product, protective underwear/pull-on, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4536 U9	Incontinence product, protective	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted</p>	<p>2508</p> <p>6169</p>

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	underwear/pull-on, reusable, any size, each	<p>providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4539	Incontinence product, diaper/brief, reusable, any size, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted Non-contracted providers must obtain written approval by OMPP to bill contracted supplies. Crossover claims and claims with TPL are exempt.</p> <p>Contracted providers are 200360060 A Binson's Home Health and 200521780 A J&B Medical Supply Co Inc. All incontinence, ostomy, and urological supplies for FFS members must be obtained from one of these contracted vendors. Claims for supplies from noncontracted vendors will systematically deny. Crossover claims and claims with a TPL amount indicated for these supplies are not affected by this policy requirement, as long as Medicare or the primary carrier provided coverage for the product and coverage was in effect on the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will be subject to IHCP policy, requiring these supplies to be provided by one of the two contracted vendors.</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted</p>	<p>2508</p> <p>6169</p> <p>6240</p> <p>6609</p> <p>9011</p> <p>6000</p>
V2025	Deluxe Frame	<p>75% MSRP or 120% cost invoice</p> <p>Use MSRP if both submitted BR201643</p>	<p>2508</p> <p>6169</p>

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		Documentation of medical necessity such as infant or child frames, allergy to standard frame materials, or frames to accommodate a facial deformity or anomaly.	6240 6609 9016 6000"
V2199	Not otherwise classified, single vision lens	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2299	Specialty bifocal (by report)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2499	Variable sphericity lens, other type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2599	Contact lens, other type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2600	Hand held low vision aids and other nonspectacle mounted aids	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2610	Single lens spectacle mounted low vision aids	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609

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	compound microscopic lens system		9011 6000
V2629	Prosthetic eye, other type	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V2785	Processing, preserving, and transporting corneal tissue	100% cost invoice. The invoice must be from the eye bank or organ procurement organization showing the actual cost of acquiring the tissue.	2508 6169 6240 6609 9011 6000
V2799	Vision item or service, miscellaneous	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5014	Repair/modification of hearing aid	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5080	Glasses, bone conduction	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5095	Semi-implantable middle ear hearing prosthesis	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5100	Hearing aid, bilateral, body worn	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

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V5120	Binaural, body	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5246	Hearing aid, digitally programmable analog, monaural, in the ear	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5247	Hearing aid, digitally programmable analog, monaural, behind the ear	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240

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			6609 9011 6000
V5252	Hearing aid, digitally programmable, binaural, in the ear	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5253	Hearing aid, digitally programmable, binaural, behind the ear	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000
V5299	Hearing Service Miscellaneous	75% MSRP or 120% cost invoice Use MSRP if both submitted	2508 6169 6240 6609 9011 6000

EOB CODES:

2508 - Your service has been denied. The code billed to Medicaid was not the code billed to the primary carrier/insurer.

6000 - The payment has been calculated according to current Indiana Health Coverage Program policies.

6169 - The MSRP/cost invoice documentation submitted with the claims is not acceptable for adjudication. The provider can resubmit the claim.

6170 - Claim was billed with the wrong unit of measure for the drug billed.

6240 - The number of units on the cost invoice must be equal to or exceed the number of units on the claim. Please verify and resubmit.

6609 - The claim requires either MSRP or a cost invoice for processing. Please resubmit.

9011 - This item/service should not be billed with this procedure code.

9014 - Line item submitted with unclear itemization. Please resubmit with appropriate and/or additional information. Electronic Medicare Part B claims submitted for services that require manual pricing must be billed on paper with an itemized cost invoice.

9016 - Service denied medical necessity documentation must be provided with claim stating reason for medical necessity.

9024 - The claim requires both anC MSRP and a cost invoice for processing, please resubmit./

ARC CODES:

59 - Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

REMARK CODES:

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None

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
23	00	6000	SUSPEND
23	30	6000	PAY
23	32	6000	PAY
23	33	6000	PAY
23	34	6000	PAY
23	70	6000	PAY
23	72	6000	PAY
23	73	6000	PAY
23	74	6000	PAY

EOB: 6000 - THE PAYMENT HAS BEEN CALCULATED ACCORDING TO CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group	19950101	22991231

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Codes PR or CO
depending upon
liability)

METHOD OF CORRECTION:

No Errors/All Documentation Present

If all the necessary information to adjudicate the claim is present and no errors are found, calculate Medicaid payment according to the guidelines noted above. Set the edit with **EOB 6000**, *The payment has been calculated according to current Indiana Health Coverage Program policies.*

Errors/Missing or Incomplete or Invalid Documentation If both the cost invoice **and** retail invoice are required to pay the claim, and either invoice is not present, deny the claim with **EOB 9024**, *The claim requires both an MSRP and a cost invoice for processing, please resubmit.*

- If **either** the cost invoice **or** retail invoice is required to pay the claim, and not submitted or not acceptable, deny the claim with:

EOB 6609, *The claim requires either MSRP or a cost invoice for processing. Please resubmit.*

EOB 6169, *The MSRP/cost invoice documentation submitted with the claims is not acceptable for adjudication. The provider can resubmit the claim.*

EOB 6169, *The date on the MSRP/Cost Invoice cannot be more than two years old from the date of service on the claim. Claims submitted with MSRP/Cost Invoices older than two years should be denied with EOB 6169 The MSRP/Cost Invoice submitted with the claim is not acceptable for adjudication. The provider can resubmit the claim with proper documentation.*

- If the item was dispensed without adequate cost information, deny the claim with **EOB 9014**, *Line item submitted with unclear itemization. Please resubmit with appropriate and/or additional information. Electronic Medicare Part B claims submitted for services that require manual pricing must be billed n paper with an itemized cost invoice.*

- If the units do not meet or exceed what is on the claim DENY the detail with **EOB 6240**, *The number of units on the cost invoice must be equal to or exceed the number of units on the claim. Please verify and resubmit.*

- Only certain codes can be different from what is reported to Medicare to the IHCP. If the codes are switched or mismatched the claim will need to be denied with **EOB 2508**-*Your service has been denied. The code billed to Medicaid was not the code billed to the primary carrier/insurer.*

