



# STATE OF INDIANA

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The following are guidelines to be employed when the first part of Indiana's workers' compensation fee schedule goes into effect on July 1, 2013. The following apply to all medical service providers. Fee schedule provisions regarding the implementation of a Medicare-based reimbursement system for medical service facilities will not go into effect until July 1, 2014. Guidelines addressing these provisions will follow sometime in 2014.

The Board has been informed the legislative intent of at least some conference committee members who addressed 1320 during the 2013 session was to delete IC 22-3-3-5.2( c ) and IC 22-3-7-17.2 ( c ) in favor of studying this issue in toto during the Interim Study Committee on Insurance's (Committee) sessions this summer. See Section 21 of Enrolled Act 1320. Medical service providers and payers are encouraged to share information and negotiate acceptable reimbursement rates for implants pending the Committee's report available this fall and clarification of this issue during the 2014 legislative session.

### **Definitions**

The following definitions shall be used to clarify terms used in the fee schedule provisions:

Average Wholesale Price (AWP) - may be determined using the most current version of Redbook or Medispan as applicable to the date of service billed.

Implant- items included hereunder are those indicated by the National Uniform Billing Committee as follows:

Revenue Code 276 Medical and Surgical Supplies and Devices and Revenue Code and 278 Other Implants - Current Definition in UB-04 manual:

- (a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnostic purposes.

### **Procedures**

Date of service shall be used to determine the appropriate reimbursement.

Medical Service Providers should use the most current version of billing codes consistent with American Medical Association (AMA) guidelines and definitions found in Current Procedural Terminology (CPT) coding instructions and Medicare guidelines, as applicable, when billing for services rendered to an injured worker.

Medical Service Providers should bill on the appropriate UB04 or CMS 1500, or successor form, and include a copy of the original manufacturer's invoice for any implant.