

# LDI SPECIALTY INJECTABLE CARVE OUT PROGRAM

## QUICK REFERENCE GUIDE

Welcome to LDI's Specialty Injectable Carve Out Program.

LDI's Specialty Injectable Carve Out Program is an innovative approach designed to manage specialty injectable medications for LDI's clients.

It's easy to participate in this program. Continue to purchase and administer medications, and submit charges to your health plan as usual.

To ensure timely and maximum reimbursement, your office staff must do the following.

1. Before providing services to a patient covered by an LDI Client health plan, the provider must contact LDI to confirm eligibility and benefits, just as the provider would do for other medical services. The LDI contact information should be on the patient's identification card.
2. When submitting the specialty injectable HCPCS codes on the CMS 1500, you will be required to enter the associated NDC number in Box 24J. (See example below.) You may have to speak with your practice management software vendor or billing service to ensure that these numbers will be formatted correctly for the electronic claims transfer.

COMPLETING & SIGNING  
I authorize the release of any medical information for purposes of government benefits either to myself or to the party who authorized me to do so.

DATE		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
CURRENT: DD YY		ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI _____		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. RESERVED FOR LOCAL USE		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. <u>174.9</u> 3. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	
E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS H. SPID Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #	
1 10 12 07   10 12 07   11		J0881 (ARANESO INJ 300MCG)		1   \$1,233.51   1   NPI   55513011102	
2				NPI   <b>NDC</b>	
3				NPI	
4				NPI	
5				NPI	
6				NPI	
25. FEDERAL TAX I.D. NUMBER		SSN EIN		29. AMOUNT PAID	
31. SIGNATURE OF PHYSICIAN INCLUDING DEGREE (I certify that the apply to)				30. BALANCE	

PHYSICIAN OR SUPPLIER INFORMATION

If you have questions, please feel free to contact us at 314-652-2121, option 5, or 866-516-2121, option 5 or visit our website at <http://www.ldirx.com/health-professionals/index.html>

We look forward to working with you.