

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201037 SEPTEMBER 14, 2010



Cost invoices for DME, supplies, and hearing aids

NOTE: This bulletin clarifies the previously published bulletin BT201028 about Healthcare Common Procedure Coding System (HCPCS) codes for durable medical equipment (DME), supplies, and hearing aids that are currently manually priced.

Effective September 24, 2010, Healthcare Common Procedure Coding System (HCPCS) codes for durable medical equipment (DME), supplies, and hearing aids that are currently manually priced will require a cost invoice to be submitted with the claim in conjunction with the retail invoice for claim adjudication. A cost invoice is an itemized bill issued directly from the seller of the supply to the provider listing the goods supplied and stating the sum of money due to the supplier. Providers that historically submit claims with a cost invoice are not required to make any modifications to their current claim submission procedures.

Retail invoices (for example, MSRP or invoices custom generated by the provider) that include the price of the goods plus the provider's margin must be accompanied by a manufacturer's cost invoice for HCPCS codes identified in this bulletin. (Custom-molded items are an exception, please see note below.)* In the event the cost invoice contains more than one item, providers must identify on each attachment which item corresponds to the procedure code and amount identified on the claim form. Claims will continue to be reimbursed using the retail invoice, unless no retail invoice is submitted by the

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provider. The cost invoice will be used to aid the Office of Medicaid Policy and Planning (OMPP) with its continued efforts to establish reimbursement for the HCPCS codes identified in this bulletin.

General

Claims for DME, supplies, and hearing aid HCPCS codes listed in the table on the next page with a “From” date of service on or after September 24, 2010, will be denied if a retail invoice is submitted without a cost invoice.* Claims submitted with HCPCS procedure codes listed in the table on the next page, along with a retail or provider custom-generated invoice, will be denied with Explanation of Benefit Code 9024 – *The claim requires both a retail invoice and a cost invoice for processing, please resubmit with the proper attachment(s).*

***Note:** Providers that are creating or manufacturing custom-molded items specific to an individual member’s needs, such as a custom-molded seating system produced in house, may continue to submit only a retail invoice for processing the claim. The item should be identified as “custom” in the description field on the attached invoice. A cost invoice is not required in this circumstance.

Manually priced procedure codes requiring manufacturers cost invoice

| Procedure Code | Definition |
|-----------------------|--|
| A4223 | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) |
| A4281 | Tubing for breast pump, replacement |
| A4282 | Adapter for breast pump, replacement |
| A4283 | Cap for breast pump bottle, replacement |
| A4284 | Breast shield and splash protector for use with breast pump, replacement |
| A4285 | Polycarbonate bottle for use with breast pump, replacement |
| A4286 | Locking ring for breast pump, replacement |
| A4301 | Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.) |
| A4321 | Therapeutic agent for urinary catheter irrigation |
| A4420 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each |
| A4458 | Enema bag with tubing, reusable |
| A4606 | Oxygen probe for use with oximeter device, replacement |
| A4634 | Replacement bulb for therapeutic light box, tabletop model |
| A4638 | Replacement battery for patient-owned ear pulse generator, each |
| A4771 | Serum clotting time tube, for dialysis, per 50 |
| A4773 | Occult blood test strips, for dialysis, per 50 |
| A4774 | Ammonia test strips, for dialysis, per 50 |
| A5510 | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe |
| A6000 | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card |
| A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6411 | Eye pad, non-sterile, each |
| A6412 | Eye patch, occlusive, each |

| Procedure Code | Definition |
|-----------------------|--|
| A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| A6451 | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6501 | Compression burn garment, bodysuit (head to foot), custom fabricated |
| A6502 | Compression burn garment, chin strap, custom fabricated |
| A6503 | Compression burn garment, facial hood, custom fabricated |
| A6504 | Compression burn garment, glove to wrist, custom fabricated |
| A6505 | Compression burn garment, glove to elbow, custom fabricated |
| A6506 | Compression burn garment, glove to axilla, custom fabricated |
| A6507 | Compression burn garment, foot to knee length, custom fabricated |
| A6508 | Compression burn garment, foot to thigh length, custom fabricated |
| A6509 | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated |
| A6510 | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated |
| A6511 | Compression burn garment, lower trunk including leg openings (panty), custom fabricated |
| A6512 | Compression burn garment, not otherwise classified |
| A6513 | Compression burn mask, face and/or neck, plastic or equal, custom fabricated |
| A6530 | Gradient compression stocking, below knee, 18-30 mmHg, each |
| A6533 | Gradient compression stocking, thigh length, 18-30 mmHg, each |
| A6534 | Gradient compression stocking, thigh length, 30-40 mmHg, each |
| A6535 | Gradient compression stocking, thigh length, 40-50 mmHg, each |
| A6536 | Gradient compression stocking, full length/chap style, 18-30 mmHg, each |
| A6537 | Gradient compression stocking, full length/chap style, 30-40 mmHg, each |
| A6538 | Gradient compression stocking, full length/chap style, 40-50 mmHg, each |
| A6539 | Gradient compression stocking, waist length, 18-30 mmHg, each |
| A6540 | Gradient compression stocking, waist length, 30-40 mmHg, each |

| Procedure Code | Definition |
|-----------------------|---|
| A6541 | Gradient compression stocking, waist length, 40-50 mmHg, each |
| A6544 | Gradient compression stocking, garter belt |
| A6549 | Gradient compression stocking/sleeve, not otherwise specified |
| A7523 | Tracheostomy shower protector, each |
| A8002 | Helmet, protective, soft, custom fabricated, includes all components and accessories |
| A8003 | Helmet, protective, hard, custom fabricated, includes all components and accessories |
| A9155 | Artificial saliva, 30 ml |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply |
| A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system |
| A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified |
| E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories |
| E0218 | Water circulating cold pad with pump |
| E0231 | Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use 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 |
| E0240 | Bath/shower chair, with or without wheels, any size |
| E0247 | Transfer bench for tub or toilet with or without commode opening |
| E0248 | Transfer bench, heavy duty, for tub or toilet with or without commode opening |
| E0270 | Hospital bed, institutional type, includes: oscillating, circulating and Stryker frame, w/mattress |
| E0273 | Bed board |
| E0328 | Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress |
| E0329 | Hospital bed, pediatric, electric or semi-electric, 360-degree side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress |
| E0350 | Control unit for electronic bowel irrigation/evacuation system |
| E0352 | Disposal pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system |

| Procedure Code | Definition |
|-----------------------|---|
| E0481 | Intrapulmonary percussive ventilation system and related accessories |
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment |
| E0625 | Patient lift, bathroom or toilet, not otherwise classified |
| E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories |
| E0640 | Patient lift, fixed system, includes all components/accessories |
| E0755 | Electronic salivary reflex stimulator (intra-oral/non-invasive) |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified |
| E1011 | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) |
| E1017 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each |
| E1018 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each |
| E1220 | Wheelchair; specially sized or constructed (indicate brand name, model number, if any) and justification |
| E1229 | Wheelchair, pediatric size, not otherwise specified |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system |
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each |
| E1357 | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each |
| E1358 | Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each |
| E1399 | Durable medical equipment, miscellaneous |
| E1510 | Kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst., flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container |
| E1520 | Heparin infusion pump for hemodialysis |
| E1530 | Air bubble detector for hemodialysis, each, replacement |
| E1540 | Pressure alarm for hemodialysis, each, replacement |
| E1550 | Bath conductivity meter for hemodialysis, each |

| Procedure Code | Definition |
|-----------------------|---|
| E1560 | Blood leak detector for hemodialysis, each, replacement |
| E1575 | Transducer protectors/fluid barriers for hemodialysis, any size, per 10 |
| E1580 | Unipuncture control system for hemodialysis |
| E1590 | Hemodialysis machine |
| E1592 | Automatic intermittent peritoneal dialysis system |
| E1594 | Cycler dialysis machine for peritoneal dialysis |
| E1620 | Blood pump for hemodialysis, replacement |
| E1625 | Water softening system, for hemodialysis |
| E1630 | Reciprocating peritoneal dialysis system |
| E1632 | Wearable artificial kidney, each |
| E1634 | Peritoneal dialysis clamps, each |
| E1635 | Compact (portable) travel hemodialyzer system |
| E1636 | Sorbent cartridges for hemodialysis, per 10 |
| E1699 | Dialysis equipment, not otherwise specified |
| E1902 | Communication board, non-electronic augmentative or alternative communication device |
| E2216 | Manual wheelchair accessory, foam-filled propulsion tire, any size, each |
| E2217 | Manual wheelchair accessory, foam-filled caster tire, any size, each |
| E2218 | Manual wheelchair accessory, foam propulsion tire, any size, each |
| E2230 | Manual wheelchair accessory, manual standing system |
| E2291 | Back, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2292 | Seat, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2293 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2294 | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2295 | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features |

| Procedure Code | Definition |
|-----------------------|---|
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware |
| E2511 | Speech generating software program, for personal computer or personal digital assistant |
| E2512 | Accessory for speech generating device, mounting system |
| E2599 | Accessory for speech generating device, not otherwise classified |
| E2609 | Custom fabricated wheelchair seat cushion, any size |
| E2617 | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware |
| E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components |
| E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components |
| E8002 | Gait trainer, pediatric size, anterior support, includes all accessories and components |
| K0812 | Power operated vehicle, not otherwise classified |
| K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds |
| K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds |
| K0898 | Power wheelchair, not otherwise classified |
| 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 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 |
| 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, shoulder straps, pendulous abdomen design, custom fabricated |
| 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 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 |
| L1499 | Spinal orthosis, not otherwise specified |
| L2999 | Lower extremity orthoses, not otherwise specified |
| L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each |
| L3160 | Foot, adjustable shoe-styled positioning device |

| Procedure Code | Definition |
|-----------------------|--|
| L3201 | Orthopedic shoe, oxford with supinator or pronator, infant |
| L3202 | Orthopedic shoe, oxford with supinator or pronator, child |
| L3203 | Orthopedic shoe, oxford with supinator or pronator, junior |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, infant |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, child |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior |
| L3208 | Surgical boot, each, infant |
| L3209 | Surgical boot, each, child |
| L3211 | Surgical boot, each, junior |
| L3212 | Benesch boot, pair, infant |
| L3213 | Benesch boot, pair, child |
| L3214 | Benesch boot, pair, junior |
| L3216 | Orthopedic footwear, ladies shoe, depth inlay, each |
| L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each |
| L3221 | Orthopedic footwear, men's shoe, depth inlay, each |
| L3222 | Orthopedic footwear, men's shoe, hightop, depth inlay, each |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each |
| L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each |
| L3253 | Foot, molded shoe Plastazote (or similar) custom fitted, each |
| L3254 | Non-standard size or width |
| L3255 | Non-standard size or length |
| L3257 | Orthopedic footwear, additional charge for split size |
| L3260 | Surgical boot/shoe, each |
| L3265 | Plastazote sandal, each |

| Procedure Code | Definition |
|-----------------------|--|
| L3485 | Heel, pad, removable for spur |
| L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified |
| L3677 | Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment |
| L3956 | Addition of joint to upper extremity orthosis, any material; per joint |
| L3999 | Upper limb orthosis, not otherwise specified |
| L4002 | Replacement strap, any orthosis, includes all components, any length, any type |
| L5999 | Lower extremity prosthesis, not otherwise specified |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device |
| L7499 | Upper extremity prosthesis, not otherwise specified |
| L7600 | Prosthetic donning sleeve, any material, each |
| L8039 | Breast prosthesis, not otherwise specified |
| L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician |
| L8499 | Unlisted procedure for miscellaneous prosthetic services |
| L8505 | Artificial larynx replacement battery/accessory, any type |
| L8604 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment |
| L8699 | Prosthetic implant, not otherwise specified |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code |
| T4539 | Incontinence product, diaper/brief, reusable, any size, each |
| V2025 | Deluxe frame |
| V2199 | Not otherwise classified, single vision lens |
| V2299 | Specialty bifocal (by report) |
| V2499 | Variable sphericity lens, other type |
| V2599 | Contact lens, other type |

| Procedure Code | Definition |
|-----------------------|---|
| V2600 | Hand-held low-vision aids and other nonspectacle mounted aids |
| V2610 | Single-lens spectacle mounted low-vision aids |
| V2615 | Telescopic and other compound lens system, including distance-vision telescopic, near-vision telescopes, and compound microscopic lens system |
| V2629 | Prosthetic eye, other type |
| V2799 | Vision service, miscellaneous |
| V5050 | Hearing aid, monaural, in the ear |
| V5060 | Hearing aid, monaural, behind the ear |
| V5080 | Glasses, bone conduction |
| V5095 | Semi-implantable middle-ear hearing prosthesis |
| V5100 | Hearing aid, bilateral, body worn |
| V5120 | Binaural, body |
| V5130 | Binaural, in-the-ear |
| V5140 | Binaural, behind-the-ear |
| V5170 | Hearing aid, CROS, in the ear |
| V5180 | Hearing aid, CROS, behind the ear |
| V5210 | Hearing aid, BICROS, in the ear |
| V5220 | Hearing aid, BICROS, behind the ear |
| V5246 | Hearing aid, digitally programmable analog, monaural, ITE (in the ear) |
| V5247 | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) |
| V5252 | Hearing aid, digitally programmable, binaural, ITE |
| V5253 | Hearing aid, digitally programmable, binaural, BTE |
| V5256 | Hearing aid, digital, monaural, ITE |
| V5257 | Hearing aid, digital, monaural, BTE |
| V5260 | Hearing aid, digital, binaural, ITE |

| Procedure Code | Definition |
|----------------|-------------------------------------|
| V5261 | Hearing aid, digital, binaural, BTE |
| V5299 | Hearing service, miscellaneous |

Questions?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.