

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202133 APRIL 22, 2021

## Rates corrected for certain DME codes

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT202106*, the IHCP updated rates for some durable medical equipment (DME) and medical supply procedure codes for claims with dates of service (DOS) on or after February 1, 2021. As stated in *IHCP Bulletin BT2020128*, the IHCP used the January 2021 Centers for Medicare & Medicaid Services (CMS) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule amounts as the new IHCP rates for these procedure codes for DOS on or after February 1, 2021.



CMS recently announced that errors had been made when calculating the CMS January 2021 DMEPOS fee schedule rates for some DME procedure codes. CMS subsequently published a corrected January 2021 DMEPOS fee schedule. As a result, the rates for 100 of the procedure codes in *BT202106* were incorrect, as they came from the January 2021 DMEPOS fee schedule.

The claim-processing system has been updated with the new rates as shown in [Table 1](#). Claims processed during the indicated time frame for the procedure codes in Table 1 will be mass adjusted, as appropriate. Providers should see adjusted claims on Remittance Advices (RAs) beginning May 12, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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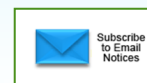


Table 1 – HCPCS procedure codes with corrected rates, effective for DOS on or after February 1, 2021

HCPCS code	Description	Modifier (if applicable)	Max fee
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	NU	\$3.96
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	NU	\$131.67
		RR	\$13.17
E0130	Walker, rigid (pickup), adjustable or fixed height	NU	\$50.23
		RR	\$7.49
E0135	Walker, folding (pickup), adjustable or fixed height	NU	\$55.58
		RR	\$7.71
E0140	Walker, with trunk support, adjustable or fixed height, any type	NU	\$318.30
		RR	\$31.83
E0141	Walker, rigid, wheeled, adjustable or fixed height	NU	\$63.74
		RR	\$8.38
E0143	Walker, folding, wheeled, adjustable or fixed height	NU	\$66.06
		RR	\$8.47
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	NU	\$450.95
		RR	\$45.10
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	NU	\$94.97
		RR	\$9.50
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	NU	\$145.70
		RR	\$14.57
E0160	Sitz type bath or equipment, portable, used with or without commode	NU	\$32.28
		RR	\$3.53
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	NU	\$26.89
		RR	\$2.97
E0163	Commode chair, mobile or stationary, with fixed arms	NU	\$71.98
		RR	\$11.09
E0165	Commode chair, mobile or stationary, with detachable arms	NU	\$139.30
		RR	\$13.93
E0167	Pail or pan for use with commode chair, replacement only	NU	\$12.14
		RR	\$1.22
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	NU	\$132.55
		RR	\$13.27
E0170	Commode chair with integrated seat lift mechanism, electric, any type	NU	\$1,717.00
		RR	\$171.70
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	NU	\$191.30
		RR	\$19.13

HCPSC code	Description	Modifier (if applicable)	Max fee
E0184	Dry pressure mattress	NU	\$173.15
		RR	\$18.80
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	NU	\$203.73
		RR	\$23.58
E0186	Air pressure mattress	NU	\$194.10
		RR	\$19.41
E0188	Synthetic sheepskin pad	NU	\$27.16
		RR	\$2.85
E0189	Lambswool sheepskin pad, any size	NU	\$51.75
		RR	\$5.30
E0196	Gel pressure mattress	NU	\$347.00
		RR	\$34.70
E0197	Air pressure pad for mattress, standard mattress length and width	NU	\$216.30
		RR	\$21.63
E0199	Dry pressure pad for mattress, standard mattress length and width	NU	\$29.74
		RR	\$2.97
E0250	Hospital bed, fixed height, with any type side rails, with mattress	NU	\$694.10
		RR	\$69.41
E0251	Hospital bed, fixed height, with any type side rails, without mattress	NU	\$621.60
		RR	\$62.16
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	NU	\$716.90
		RR	\$71.69
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	NU	\$645.30
		RR	\$64.53
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	NU	\$806.60
		RR	\$80.66
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	NU	\$772.30
		RR	\$77.23
E0277	Powered pressure-reducing air mattress	NU	\$3,141.40
		RR	\$314.14
E0290	Hospital bed, fixed height, without side rails, with mattress	NU	\$618.30
		RR	\$61.83
E0291	Hospital bed, fixed height, without side rails, without mattress	NU	\$466.00
		RR	\$46.60
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	NU	\$656.90
		RR	\$65.69

HCPSC code	Description	Modifier (if applicable)	Max fee
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	NU	\$582.20
		RR	\$58.22
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	NU	\$776.90
		RR	\$77.69
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	NU	\$727.50
		RR	\$72.75
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	NU	\$1,884.80
		RR	\$188.48
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	NU	\$5,246.00
		RR	\$524.60
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	NU	\$1,989.70
		RR	\$198.97
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	NU	\$5,576.20
		RR	\$557.62
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	NU	\$2,491.80
		RR	\$249.18
E0372	Powered air overlay for mattress, standard mattress length and width	NU	\$2,729.70
		RR	\$272.97
E0373	Nonpowered advanced pressure reducing mattress	NU	\$2,918.20
		RR	\$291.82
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR	\$104.30
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$20.18
		RR QB	\$52.15
		RR QF	\$52.15
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	RR	\$38.66
		RR QB	\$52.15
		RR QF	\$52.15
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$38.66
		RR QB	\$52.15
		RR QF	\$52.15
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	RR	\$104.30
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		\$56.99
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		\$56.99

HCPSC code	Description	Modifier (if applicable)	Max fee
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		\$53.06
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		\$53.06
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	NU	\$1,463.10
		RR	\$146.31
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	NU	\$3,431.30
		RR	\$343.13
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	NU	\$4,568.30
		RR	\$456.83
E0570	Nebulizer, with compressor	NU	\$93.00
		RR	\$9.30
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	NU	\$347.00
		RR	\$34.70
E0585	Nebulizer, with compressor and heater	NU	\$332.50
		RR	\$33.25
E0601	Continuous positive airway pressure (CPAP) device	NU	\$595.90
		RR	\$59.59
E0627	Seat lift mechanism, electric, any type	NU	\$295.16
		RR	\$29.51
E0629	Seat lift mechanism, non-electric, any type	NU	\$292.77
		RR	\$29.27
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	NU	\$738.50
		RR	\$73.85
E0635	Patient lift, electric with seat or sling	NU	\$1,220.40
		RR	\$122.04
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	NU	\$10,533.60
		RR	\$1,053.36
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	NU	\$149.66
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	NU	\$160.10
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	NU	\$136.30
		RR	\$13.63
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	NU	\$438.30
		RR	\$43.83

HCPSC code	Description	Modifier (if applicable)	Max fee
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	NU	\$903.60
		RR	\$90.36
E0940	Trapeze bar, free standing, complete with grab bar	NU	\$237.10
		RR	\$23.71
E1031	Rollabout chair, any and all types with casters 5" or greater	NU	\$462.50
		RR	\$46.25
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	NU	\$6,165.60
		RR	\$616.56
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	NU	\$8,940.60
		RR	\$894.06
E1037	Transport chair, pediatric size	NU	\$1,142.80
		RR	\$114.28
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	NU	\$159.60
		RR	\$15.96
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	NU	\$345.70
		RR	\$34.57
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	RR	\$104.30
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	RR	\$104.30
E1392	Portable oxygen concentrator, rental	RR	\$38.66
		RR QB	\$52.15
		RR QF	\$52.15
E2402	Negative pressure wound therapy electrical pump, stationary or portable	NU	\$9,226.60
		RR	\$922.66
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$38.66
		RR QB	\$52.15
		RR QF	\$52.15
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	NU	\$935.64
		RR	\$93.57
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	NU	\$1,632.63
		RR	\$163.25
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	NU	\$2,115.80
		RR	\$211.58
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,071.87
		RR	\$310.78

HCPSC code	Description	Modifier (if applicable)	Max fee
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,315.47
		RR	\$347.32
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,201.53
		RR	\$330.23
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$1,969.27
		RR	\$295.39
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,200.07
		RR	\$330.01
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,450.00
		RR	\$367.50
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,381.27
		RR	\$357.19
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,281.47
		RR	\$492.22
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$2,998.27
		RR	\$449.74
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$5,397.53
		RR	\$809.63
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$4,634.20
		RR	\$695.13
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$6,414.60
		RR	\$962.19
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	NU	\$6,015.47
		RR	\$902.32

\*Descriptions for the modifiers in Table 1 include the following:

- NU=*New durable medical equipment purchase*
- RR=*Rental of durable medical equipment*
- QB=*Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed*
- QF=*Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed*