



# INDIANA HEALTH COVERAGE PROGRAMS

## PROVIDER CODE TABLES

### Procedure Codes That Require Attachments

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

*For information about using this code table, see the [Claim Submission and Processing](#) provider reference module.*

The Healthcare Common Procedure Coding System (HCPCS) codes in this table require that providers submit attachments with the claims for the claims to be processed. The IHCP denies claims using these codes that providers submit without attachments.

*Note: Certain procedure codes from the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) also require attachments. For a list of ICD-10-PCS codes that require a hysterectomy informed consent and acknowledgement statement, see [Obstetrical and Gynecological Services Codes](#). For a list of ICD-10-PCS codes that require a Consent for Sterilization form, see [Family Planning Services Codes](#). Both documents are accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).*

### Procedure Codes That Require Attachments

**Reviewed/Updated: February 29, 2024**

Procedure Code	Description	Attachment
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	Hysterectomy informed consent and acknowledgement statement
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral/bilateral	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	Hysterectomy informed consent and acknowledgement statement
01962	Anesthesia for urgent hysterectomy following delivery	Hysterectomy informed consent and acknowledgement statement
01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	Hysterectomy informed consent and acknowledgement statement
01966	Anesthesia for induced abortion procedures	Physician/practitioner notes or operative report

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	Hysterectomy informed consent and acknowledgement statement
19499	Unlisted procedure, breast	Physician/practitioner notes or operative report
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Physician/practitioner notes or operative report
21299	Unlisted craniofacial and maxillofacial procedure	Physician/practitioner notes or operative report
21499	Unlisted musculoskeletal procedure, head	Physician/practitioner notes or operative report
26499	Correction claw finger, other methods	Physician/practitioner notes or operative report
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	Physician/practitioner notes or operative report
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	Physician/practitioner notes or operative report
29799	Unlisted procedure, casting or strapping	Physician/practitioner notes or operative report
38999	Unlisted procedure, hemic or lymphatic system	Physician/practitioner notes or operative report
42699	Unlisted procedure, salivary glands or ducts	Physician/practitioner notes or operative report
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Physician/practitioner notes or operative report
43999	Unlisted procedure, stomach	Physician/practitioner notes or operative report
44799	Unlisted procedure, intestine	Physician/practitioner notes or operative report
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	Hysterectomy informed consent and acknowledgement statement
50549	Unlisted laparoscopy procedure, renal	Physician/practitioner notes or operative report
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Hysterectomy informed consent and acknowledgement statement
51925	Closure of vesicouterine fistula; with hysterectomy	Hysterectomy informed consent and acknowledgement statement

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy informed consent and acknowledgement statement
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Hysterectomy informed consent and acknowledgement statement
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy informed consent and acknowledgement statement
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy informed consent and acknowledgement statement
58210	Abdominal removal of uterus, cervix, and lymph nodes on both sides of pelvis and aortic lymph node biopsy	Hysterectomy informed consent and acknowledgement statement
58240	Removal of malignant uterus, cervix, lymph nodes, bladder, with transplantation of urinary ducts (ureters), and bowel	Hysterectomy informed consent and acknowledgement statement
58260	Vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy informed consent and acknowledgement statement
58262	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries	Hysterectomy informed consent and acknowledgement statement
58263	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries with repair of herniated bowel	Hysterectomy informed consent and acknowledgement statement
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Hysterectomy informed consent and acknowledgement statement
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Hysterectomy informed consent and acknowledgement statement
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Hysterectomy informed consent and acknowledgement statement
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Hysterectomy informed consent and acknowledgement statement
58285	Vaginal removal of uterus, vagina, and pelvic lymph nodes	Hysterectomy informed consent and acknowledgement statement
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy informed consent and acknowledgement statement
58291	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries	Hysterectomy informed consent and acknowledgement statement
58292	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries with repair of herniated bowel	Hysterectomy informed consent and acknowledgement statement
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Hysterectomy informed consent and acknowledgement statement

## Procedure Codes That Require Attachments

**Reviewed/Updated: February 29, 2024**

Procedure Code	Description	Attachment
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Hysterectomy informed consent and acknowledgement statement
58542	Partial removal of uterus (250 grams or less), tubes and/or ovaries with retention of cervix using an endoscope	Hysterectomy informed consent and acknowledgement statement
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Hysterectomy informed consent and acknowledgement statement
58544	Partial removal of uterus (greater than 250 grams), tubes, and/or ovaries using an endoscope	Hysterectomy informed consent and acknowledgement statement
58548	Removal of uterus, cervix, and lymph nodes on both sides of pelvis and aortic lymph node biopsy using an endoscope	Hysterectomy informed consent and acknowledgement statement
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy informed consent and acknowledgement statement
58552	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries using an endoscope	Hysterectomy informed consent and acknowledgement statement
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy informed consent and acknowledgement statement
58554	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries with assistance of endoscope	Hysterectomy informed consent and acknowledgement statement
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Hysterectomy informed consent and acknowledgement statement
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Hysterectomy informed consent and acknowledgement statement
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Hysterectomy informed consent and acknowledgement statement
58573	Abdominal removal of uterus (greater than 250 grams), tubes, and/or ovaries using an endoscope	Hysterectomy informed consent and acknowledgement statement
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)

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<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
58951	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes	Hysterectomy informed consent and acknowledgement statement
58953	Removal of abdominal lining, uterus, both ovaries and fallopian tubes with tumor reduction	Hysterectomy informed consent and acknowledgement statement
58954	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes with tumor reduction	Hysterectomy informed consent and acknowledgement statement
58956	Removal of abdominal lining, uterus, and both ovaries and fallopian tubes	Hysterectomy informed consent and acknowledgement statement
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	Hysterectomy informed consent and acknowledgement statement
59400	Vaginal delivery with care before and after delivery	Explanation of benefits (EOB) from the primary insurer
59410	Vaginal delivery with post delivery care	EOB from the primary insurer
59510	Cesarean delivery with care before and after delivery	EOB from the primary insurer
59515	Cesarean delivery with care after delivery	EOB from the primary insurer
59610	Vaginal delivery and care before and after delivery after previous cesarean delivery	EOB from the primary insurer
59614	Vaginal delivery and care after delivery after prior cesarean delivery	EOB from the primary insurer
59618	Cesarean delivery and care before and after delivery following attempted vaginal delivery after previous cesarean delivery	EOB from the primary insurer
59622	Cesarean delivery with care after delivery following vaginal delivery attempt after previous cesarean delivery	EOB from the primary insurer
88399	Unlisted surgical pathology procedure	Physician/practitioner notes or operative report
98960	Education and training for patient self-management, each 30 minutes	Claim note with name of community health worker (CHW)
98961	Education and training for patient self-management, 2–4 patients, each 30 minutes	Claim note with name of CHW
98962	Education and training for patient self-management, 5–8 patients, each 30 minute	Claim note with name of CHW

## Procedure Codes That Require Attachments

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Procedure Code	Description	Attachment
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Physician/practitioner notes or operative report
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Physician/practitioner notes or operative report
0567T	Blockage of fallopian tubes with implants inserted through cervix	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module)
A0110	Nonemergency transportation and bus, intra- or interstate carrier	Ticket/proof of purchase price
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	Ticket/proof of purchase price
A0999	Unlisted ambulance service	Itemized cost invoice
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Manufacturer's suggested retail price (MSRP) documentation (or cost invoice if no MSRP is available for the item)
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4238**	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4261	Cervical cap for contraceptive use	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	Consent for Sterilization form (or documentation of allowable exception as described in the <i>Family Planning Services</i> module) <b>And</b> Itemized cost invoice
A4266	Diaphragm for contraceptive use	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4281	Tubing for breast pump, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4282	Adapter for breast pump, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4283	Cap for breast pump bottle, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4284	Breast shield and splash protector for use with breast pump, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)

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<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
A4285	Polycarbonate bottle for use with breast pump, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4286	Locking ring for breast pump, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4321*	Therapeutic agent for urinary catheter irrigation	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4420*	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4458*	Enema bag with tubing, reusable	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4467	Belt, strap, sleeve, garment, or covering, any type	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4606	Oxygen probe for use with oximeter device, replacement	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4634	Replacement bulb for therapeutic light box, tabletop model	MSRP documentation (or cost invoice if no MSRP is available for the item)
A4638	Replacement battery for patient-owned ear pulse generator, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6411	Eye pad, nonsterile, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6412	Eye patch, occlusive, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	MSRP documentation (or cost invoice if no MSRP is available for the item)

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<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
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	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6502	Compression burn garment, chin strap, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6503	Compression burn garment, facial hood, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6504	Compression burn garment, glove to wrist, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6505	Compression burn garment, glove to elbow, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6506	Compression burn garment, glove to axilla, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6507	Compression burn garment, foot to knee length, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6508	Compression burn garment, foot to thigh length, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6512	Compression burn garment, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6536	Gradient compression stocking, full-length/chap style, 18-30 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6537	Gradient compression stocking, full-length/chap style, 30-40 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6538	Gradient compression stocking, full-length/chap style, 40 mmhg or greater, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6541	Gradient compression stocking, waist length, 40 mmhg or greater, each	MSRP documentation (or cost invoice if no MSRP is available for the item)



**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
A6544	Gradient compression stocking, garter belt	MSRP documentation (or cost invoice if no MSRP is available for the item)
A6549	Gradient compression garment, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
A7523	Tracheostomy shower protector, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A8002	Helmet, protective, soft, prefabricated, includes all components and accessories	MSRP documentation (or cost invoice if no MSRP is available for the item)
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	MSRP documentation (or cost invoice if no MSRP is available for the item)
A9155	Artificial saliva, 30 ml	MSRP documentation (or cost invoice if no MSRP is available for the item)
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	MSRP documentation (or cost invoice if no MSRP is available for the item)
A9286	Hygienic item or device, disposable or non-disposable, any type, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
A9999	Miscellaneous DME supply or accessory, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
B4100	Food thickener, administered orally, per ounce	MSRP documentation (or cost invoice if no MSRP is available for the item)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
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	MSRP documentation (or cost invoice if no MSRP is available for the item)
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	MSRP documentation (or cost invoice if no MSRP is available for the item)
B9998	Enteral supplies, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
B9999	Parenteral supplies, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Itemized cost invoice
C1722	Cardioverter-defibrillator, single chamber (implantable)	Itemized cost invoice
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Itemized cost invoice
C1779	Lead, pacemaker, transvenous VDD single pass	Itemized cost invoice
C1780	Lens, intraocular (new technology)	MSRP documentation (or cost invoice if no MSRP is available for the item)
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	Itemized cost invoice
C1786	Pacemaker, single chamber, rate-responsive (implantable)	Itemized cost invoice
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Itemized cost invoice

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<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Itemized cost invoice
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Itemized cost invoice
C1898	Lead, pacemaker, other than transvenous VDD single pass	Itemized cost invoice
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	Itemized cost invoice
C1900	Lead, left ventricular coronary venous system	Itemized cost invoice
C2621	Pacemaker, other than single or dual chamber (implantable)	Itemized cost invoice
C9399	Unspecified drugs or biologicals	Reimbursement for Stiripentol and Clobazam is only made when the claim is accompanied by an FSSA letter with the patient's name, and signed by an FSSA representative.
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	Periodontal charting
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	Periodontal charting
D5999	Unspecified maxillofacial prosthesis.	MSRP documentation (or cost invoice if no MSRP is available for the item)
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	Dental chart and proof of implant
D7999	Unspecified oral surgery procedure	Physician/practitioner notes or operative report
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0218	Water circulating cold pad with pump	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0240	Bath/shower chair, with or without wheels, any size	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0273	Bed board	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0350	Control unit for electronic bowel irrigation/evacuation system	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0352	Disposal pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	MSRP documentation (or cost invoice if no MSRP is available for the item)

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<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
E0481	Intrapulmonary percussive ventilation system and related accessories	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0625	Patient lift, bathroom or toilet, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1229	Wheelchair, pediatric size, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1399	Durable medical equipment, miscellaneous	MSRP documentation (or cost invoice if no MSRP is available for the item)
E1902	Communication board, nonelectronic augmentative or alternative communication device	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2102**	Adjunctive non-implanted continuous glucose monitor or receiver	MSRP documentation (or cost invoice if no MSRP is available for the item)

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
E2230	Manual wheelchair accessory, manual standing system	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2398	Wheelchair accessory, dynamic positioning hardware for back	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2511	Speech generating software program, for personal computer or personal digital assistant	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2512	Accessory for speech generating device, mounting system	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2599	Accessory for speech generating device, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2609	Custom fabricated wheelchair seat cushion, any size	MSRP documentation (or cost invoice if no MSRP is available for the item)
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	MSRP documentation (or cost invoice if no MSRP is available for the item)
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	MSRP documentation (or cost invoice if no MSRP is available for the item)
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	MSRP documentation (or cost invoice if no MSRP is available for the item)
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	MSRP documentation (or cost invoice if no MSRP is available for the item)
K0812	Power operated vehicle, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	MSRP documentation (or cost invoice if no MSRP is available for the item)
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	MSRP documentation (or cost invoice if no MSRP is available for the item)
K0898	Power wheelchair, not otherwise classified	MSRP documentation (or cost invoice if no MSRP is available for the item)

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	MSRP documentation (or cost invoice if no MSRP is available for the item)
L0624	Sacroiliac orthotic, 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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L0629	Lumbar-sacral orthotic, 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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L0632	Lumbar-sacral orthotic (LSO), 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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L0634	Lumbar-sacral orthotic (LSO), 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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L0999	Addition to spinal orthotic, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L1499	Spinal orthotic, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L2999	Lower extremity orthotic, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3160	Foot, adjustable shoe-styled positioning device	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3161**	Foot, adductus positioning device, adjustable	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	MSRP documentation (or cost invoice if no MSRP is available for the item)

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
L3206	Orthopedic shoe, hightop with supinator or pronator, child	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3208	Surgical boot, each, infant	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3209	Surgical boot, each, child	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3211	Surgical boot, each, junior	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3212	Benesch boot, pair, infant	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3213	Benesch boot, pair, child	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3214	Benesch boot, pair, junior	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3251	Foot, shoe molded to patient model, silicone shoe, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3254	Nonstandard size or width	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3255	Nonstandard size or length	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3257	Orthopedic footwear, additional charge for split size	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3260	Surgical boot/shoe, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3265	Plastazote sandal, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3485	Heel, pad, removable for spur	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	MSRP documentation (or cost invoice if no MSRP is available for the item)

## Procedure Codes That Require Attachments

**Reviewed/Updated: February 29, 2024**

Procedure Code	Description	Attachment
L3956	Addition of joint to upper extremity orthotic, any material; per joint	MSRP documentation (or cost invoice if no MSRP is available for the item)
L3999	Upper limb orthotic, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L4002	Replacement strap, any orthotic, includes all components, any length, any type	MSRP documentation (or cost invoice if no MSRP is available for the item)
L4210	Repair of orthotic device, repair or replace minor parts	MSRP documentation (or cost invoice if no MSRP is available for the item)
L5999	Lower extremity prosthesis, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L7499	Upper extremity prosthesis, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L7510	Repair of prosthetic device, repair or replace minor parts	MSRP documentation (or cost invoice if no MSRP is available for the item)
L7600	Prosthetic donning sleeve, any material, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8039	Breast prosthesis, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8499	Unlisted procedure for miscellaneous prosthetic services	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8505	Artificial larynx replacement battery/accessory, any type	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8680 U1	Implantable neurostimulator electrode, each, VNS only	MSRP <i>and</i> itemized cost invoice
L8686 U1	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension, VNS only	MSRP <i>and</i> itemized cost invoice
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components, and accessories, custom fabricated	MSRP documentation (or cost invoice if no MSRP is available for the item)
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	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	MSRP documentation (or cost invoice if no MSRP is available for the item)
L8699	Prosthetic implant, not otherwise specified	MSRP documentation (or cost invoice if no MSRP is available for the item)

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	MSRP documentation (or cost invoice if no MSRP is available for the item)
Q0488	Power pack base for use with electric ventricular assist device, replacement only	MSRP documentation (or cost invoice if no MSRP is available for the item)
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	MSRP documentation (or cost invoice if no MSRP is available for the item)
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	MSRP documentation (or cost invoice if no MSRP is available for the item)
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	MSRP documentation (or cost invoice if no MSRP is available for the item)
Q4050	Cast supplies, for unlisted types and materials of casts	Itemized cost invoice
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	Itemized cost invoice
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	MSRP documentation (or cost invoice if no MSRP is available for the item)
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Physician/practitioner notes or operative report
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Physician/practitioner notes or operative report
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Physician/practitioner notes or operative report
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Physician/practitioner notes or operative report
S2225	Myringotomy, laser-assisted	Physician/practitioner notes or operative report
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Physician/practitioner notes or operative report
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	Physician/practitioner notes or operative report
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	MSRP documentation (or cost invoice if no MSRP is available for the item)



## Procedure Codes That Require Attachments

**Reviewed/Updated: February 29, 2024**

Procedure Code	Description	Attachment
S8185	Flutter device	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8186	Swivel adaptor	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8189	Tracheostomy supply, not otherwise classified	Cost invoice
S8420	Gradient pressure aid (sleeve and glove combination), custom made	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8421	Gradient pressure aid (sleeve and glove combination), ready made	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8422	Gradient pressure aid (sleeve), custom made, medium weight	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8424	Gradient pressure aid (sleeve), ready made	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8425	Gradient pressure aid (glove), custom made, medium weight	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8426	Gradient pressure aid (glove), custom made, heavy weight	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8427	Gradient pressure aid (glove), ready made	MSRP documentation (or cost invoice if no MSRP is available for the item)
S8428	Gradient pressure aid (gauntlet), ready made	MSRP documentation (or cost invoice if no MSRP is available for the item)
S9432	Medical foods for non-inborn errors of metabolism	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4521 U9*	Adult sized disposable incontinence product, brief/diaper, small, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4522 U9*	Adult sized disposable incontinence product, brief/diaper, medium, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4523 U9*	Adult sized disposable incontinence product, brief/diaper, large, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4524 U9*	Adult sized disposable incontinence product, brief/diaper, extra large, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4525 U9*	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4526 U9*	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4527 U9*	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4528 U9*	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)

\* Attachment not required if item is obtained from one of the IHCP-contracted incontinence vendors.

**Procedure Codes That Require Attachments****Reviewed/Updated: February 29, 2024**

<b>Procedure Code</b>	<b>Description</b>	<b>Attachment</b>
T4529 U9*	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4530 U9*	Pediatric sized disposable incontinence product, brief/diaper, large size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4531 U9*	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4532 U9*	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4533 U9*	Youth sized disposable incontinence product, brief/diaper, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4534 U9*	Youth sized disposable incontinence product, protective underwear/pull-on, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4536 U9*	Incontinence product, protective underwear/pull-on, reusable, any size, each; high-end item	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4539*	Incontinence product, diaper/brief, reusable, any size, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
T4544*	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2025	Deluxe frame	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2199	Not otherwise classified, single vision lens	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2299	Specialty bifocal (by report)	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2499	Variable sphericity lens, other type	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2599	Contact lens, other type	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2600	Hand held low vision aids and other nonspectacle mounted aids	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2610	Single lens spectacle mounted low vision aids	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2629	Prosthetic eye, other type	MSRP documentation (or cost invoice if no MSRP is available for the item)
V2785	Processing, preserving, and transporting corneal tissue	Copy of the invoice from the eye bank or organ procurement organization showing the actual cost of acquiring the tissue
V2799	Vision service, miscellaneous	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5014	Repair/modification of a hearing aid	MSRP documentation (or cost invoice if no MSRP is available for the item)

**Procedure Codes That Require Attachments**

**Reviewed/Updated: February 29, 2024**

Procedure Code	Description	Attachment
V5080	Glasses, bone conduction	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5095	Semi-implantable middle ear hearing prosthesis	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5100	Hearing aid, bilateral, body worn	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5120	Binaural, body	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5171	Hearing aid, contralateral routing device, monaural, in the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5246	Hearing aid, digitally programmable analog, monaural, in the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5247	Hearing aid, digitally programmable analog, monaural, behind the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5252	Hearing aid, digitally programmable, binaural, in the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5253	Hearing aid, digitally programmable, binaural, behind the ear	MSRP documentation (or cost invoice if no MSRP is available for the item)
V5299	Hearing service, miscellaneous	MSRP documentation (or cost invoice if no MSRP is available for the item)

\* For A4321, A4420, A4458, T4521 U9–T4534 U9, T4536 U9, T4539 and T4544 – Attachment not required if item is obtained from one of the IHCP-contracted incontinence vendors

\*\* For A4238, E2102 and L3161– Attachment required only for professional claims (CMS-1500 or electronic equivalent)

**Table Revision History**

**February 29, 2024, update:**

Added (effective January 1, 2024): A6585–A6588, L3161

Removed (effective January 1, 2024): K1005, K1013, K1014, K1015, K1024, K1025, K1031, K1032, K1033

**February 6, 2024, update:**

Removed (effective September 7, 2023): A9277, A9278

**May 11, 2023, update:**

Added (effective December 31, 2021): 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

**August 1, 2022, update:**

Added (effective April 1, 2021): K1013– K1015

**July 14, 2022, update:**

Added alternative documentation note for sterilization codes

Removed (effective July 14, 2022): 55550, 58673, 58700, 58720, 58940, 58943, 58950, 58952

Removed (effective January 1, 2022): 63199

Table Revision History
<p><b>April 14, 2022, update:</b> Added (effective April 1, 2022): A4238, E2102, K1031–K1033</p> <p><b>January 1, 2022, update:</b> Removed (effective January 1, 2022): 59135</p> <p><b>December 16, 2021, update:</b> Added (effective December 16, 2021): L8701, L8702</p> <p><b>October 1, 2021, update:</b> Added (effective October 1, 2021): A4453, K1005 (<i>professional claims only</i>), K1024, K1025, K1027, S9432</p> <p><b>April 30, 2021, update:</b> Removed (effective April 1, 2021): B4187</p> <p><b>February 12, 2021, update:</b> Added (correction): T4521 U9–T4534 U9, T4536 U9 Added footnote with exemption for items obtained from IHCP-contracted vendors: A4321, A4420, A4458, T4521 U9–T4534 U9, T4536 U9 Removed (effective October 15, 2020): E2216–E2218</p> <p><b>February 9, 2021, update:</b> Removed (effective January 1, 2021): 58293</p> <p><b>February 1, 2021, update:</b> Removed (effective February 1, 2021): E0639, E0640</p> <p><b>January 15, 2021, update:</b> Added (effective January 15, 2021): B4105</p> <p><b>October 29, 2020, update:</b> Added (effective October 29, 2020): A4555</p> <p><b>August 25, 2020, update:</b> Added T4544 (correction) Added footnote with exemption for items obtained from IHCP-contracted vendors: T4539, T4544</p> <p><b>May 14, 2020, update:</b> Added (effective May 14, 2020): D5999 Removed (effective February 1, 2020): T4544 (<i>Note correction at subsequent update to restore this code with added footnote.</i>)</p> <p><b>January 1, 2020, update:</b> Added (effective January 1, 2020): 0567T, A4226, B4187, E0787, E2398, L2006</p> <p><b>December 12, 2019, update:</b> Added (effective December 12, 2019): B4100</p> <p><b>January 1, 2019, update:</b> Added (effective January 1, 2019): A6460, A6461, L8698, V5171, V5181, V5211, V5213, V5221 Modified descriptions (effective January 1, 2019): 58210, 58240, 58262, 58263, 58285, 58291, 58292, 58542, 58544, 58548, 58552, 58554, 58573, 58951, 58953, 58954, 58956, 63199 Removed (effective January 1, 2019): K0903, V5170, V5180, V5210, V5220</p> <p><b>July 1, 2018, update:</b> Added (effective July 1, 2018): 98960–98962</p> <p><b>April 6, 2018, update:</b> Removed (effective April 6, 2018): E1510, E1520, E1530, E1540, E1550, E1560, E1575, E1580, E1590, E1592, E1594, E1620, E1625, E1630, E1632, E1634–E1636, E1699 Added (effective April 1, 2018): K0903</p> <p><b>January 1, 2018, update:</b> Removed (effective January 1, 2018): 55450</p> <p><b>December 21, 2017, update:</b> Removed (effective December 21, 2017): 0111T, A4642, A9500, A9503–A9505, A9507, A9508, A9510, A9517, A9520, A9526, A9546, A9550, A9555–A9558, A9560, A9561, A9563, A9580, A9700, G0186, G0293, G0294, Q0081, Q0083–Q0085, Q0181, Q3001, V2790</p> <p><b>November 10, 2017, update:</b> Added (effective November 10, 2017): S8121 Removed (effective April 28, 2017): A6450, A6451, P2028, P2029, P2033, S3000 Removed (effective February 13, 2017): K0014</p>

Table Revision History
<p>Added (effective August 19, 2016): S8189  Removed (effective February 12, 2016): A4602, G9157</p> <p><b>April 28, 2017, update:</b>  Removed (effective April 28, 2017): J7604, J7632, J7676, V5010</p> <p><b>April 7, 2017, update:</b>  Added (effective April 7, 2017): C1780</p> <p><b>January 1, 2017, update:</b>  Added (effective January 1, 2017): A4467, A9286, D6081</p> <p><b>July 7, 2016, update:</b>  Added (correction): D4342  Removed (correction): A4648, A4650, A4653, A4730, A4740, A4760, A4765, A4771, A4773, A4774, C1749, S4993  Removed (effective July 7, 2016): C2619, C2620  Removed (effective June 17, 2016): P9031, P9039, P9044, P9050, P9052, P9054–P9057  Removed (effective March 9, 2016): 20983, 30465, E0760, E1035, E1036, E1820, L8684, P2031, P9010–P9012, P9022, P9023, Q4100, Q4103  Added (effective January 22, 2016): L7510  Removed (effective January 1, 2016): 0103T, P9041, P9048  Removed (effective January 1, 2015): A9900  Removed (effective October 1, 2011): S8121  Added (effective July 17, 2003): K0014 (Package C only)</p>