

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201206

FEBRUARY 7, 2012



CPT code 64405 linked to modifier 50

Effective April 1, 2012, for dates of service on or after October 1, 2010, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT^{®1}) code 64405 – *Injection, anesthetic agent; greater occipital nerve* to modifier 50 – *Bilateral procedure*. For reimbursement, providers must bill the procedure code and the modifier together. Beginning April 1, 2012, claims with dates of service back to and including October 1, 2010, for CPT code 64405 with modifier 50, that denied for Explanation of Benefit 4033 – *Invalid procedure code-modifier combination*, may be resubmitted for payment. Claims past the timely filing deadline must be submitted with a copy of this banner page as proof of timely filing.

¹ CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

MORE IN THIS ISSUE

- [CPT code 17111 linked to revenue code 490 and new ASC rate added](#)
- [First-quarter workshops](#)
- [We want your feedback about ICD-10!](#)
- [MSRPs for manually priced DME and medical supply](#)

[Continue](#)



CPT code 17111 linked to revenue code 490 and new ASC rate added

In response to provider requests, the Office of Medicaid Policy and Planning (OMPP) has reviewed the revenue code linkages for Current Procedural Terminology (CPT^{®1}) 17111 – *Destruction (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions; other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions* and determined that the code's linkage to revenue code 490 – *Ambulatory surgical care* is appropriate. As a result, effective March 7, 2012, CPT code 17111 may be billed with revenue code 490 for dates of service on or after March 1, 2012. Additionally, during this evaluation, the outpatient surgery rate was reviewed. Effective March 7, 2012, for dates of service on or after March 1, 2012, the ambulatory surgical center (ASC) pricing indicator for CPT 17111 will be D, reimbursing a maximum of \$97.73.

¹ CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Have you signed up for the IHCP's first-quarter workshops?

Topics for this quarter's workshops include Provider Enrollment, IHCP Updates, Manually Priced Claims Billing, and Finance. The managed care entities (MCEs) will also present updates about Indiana *Care Select*, and MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP). Additional sessions focus on Healthcare Effectiveness Data and Information Set (HEDIS) targets for 2012, and Hoosier Healthwise/HIP behavioral health updates from MHS and Cenpatco.

Remember – the workshops scheduled for East Chicago and Evansville are now convenient online training sessions using HP Virtual Rooms. For more information about online and on-site workshops, visit the [Provider Education page](#) of indianamedicaid.com.



We want your feedback about ICD-10!

The second [ICD-10 IHCP Provider Readiness Survey](#) is now available on the provider home page of indianamedicaid.com. Please take a few minutes to fill out the survey and let us know how prepared you are for the implementation of the International Classification of Diseases, Tenth Edition (ICD-10) – and whether we can help. The survey will be available online through February 21, 2012.

How to document MSRP for manually priced DME and medical supply items

The Indiana Health Coverage Programs (IHCP) has received questions from providers regarding the documentation of manufacturer's suggested retail price (MSRP) required for manually priced durable medical equipment (DME) and medical supply items, as described in provider bulletins [BT201114](#) and [BT201118](#). This article explains what constitutes acceptable documentation of MSRP and how claims are reimbursed if the MSRP is not available for a manually priced medical supply or DME procedure code. This information is intended for clarification purposes only, and does not change policies outlined in the bulletins referenced. Providers are still required to submit both a cost invoice and documentation of MSRP for manually priced medical supply and DME procedure codes. Claims for these manually priced procedure codes will continue to be reimbursed at 75% of the MSRP, unless no MSRP is available for the item.

If you are billing for an item that has no MSRP, you should identify on the cost invoice that the "MSRP is not available for the product billed." When this is noted on the cost invoice, the IHCP will contact the manufacturer directly to confirm there is no MSRP for the product being billed. Manually priced medical supply and DME procedure codes that have no MSRP will be reimbursed at the provider's cost plus 20%, in accordance with List of Sections Affected (LSA) document #11-441 (E), published in the *Indiana Register* August 3, 2011. If the manufacturer informs the IHCP that an MSRP is available for the product, the detail being reviewed will be denied with Explanation of Benefit (EOB) 6126 – *The IHCP has verified with the manufacturer that MSRP pricing is available. Please resubmit the claim with the proper documentation.*

The following are considered acceptable documentation of the MSRP:

- Manufacturer's catalog page showing MSRP, suggested retail price, or retail price
- Manufacturer's invoice showing MSRP, suggested retail price, or retail price
- Quote from the manufacturer showing the MSRP, suggested retail price, or retail price

Documentation of MSRP must clearly come from the manufacturer of the DME or supply item. Claims on which the provider has handwritten the MSRP or modified the manufacturer's MSRP documentation will be denied with EOB 6169 – *The MSRP documentation submitted with the claims is not acceptable for adjudication.* Providers may resubmit denied claims with proper documentation of MSRP.



Please see the list of Healthcare Common Procedure Coding System (HCPCS) codes in the table beginning on the next page that are manually priced and will be reimbursed based on the previous guidelines. These guidelines apply to all Traditional Medicaid, Hoosier Healthwise, and *Care Select* claims, including Medicare crossover claims.

Continue

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
A4223	Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List Drugs Separately)
A4261	Cervical Cap For Contraceptive Use
A4266	Diaphragm For Contraceptive Use
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each
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
A4566	Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment
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, Per Box
A4773	Hemaostix, Per Bottle
A4774	Ammonia Test Paper, Per Box
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
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% 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

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
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 Vest
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
A6541	Gradient Compression Stocking, Waist Length, 40-50 Mmhg, Each
A6544	Gradient Compression Stocking, Garter Belt
A6549	Gradient Compression Stocking/Sleeve, Not Otherwise Specified
A7020	Interface For Cough Stimulating Device, Includes All Components, Replacement Only
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
A9273	Hot Water Bottle, Ice Cap Or Collar, Heat And/Or Cold Wrap, Any Type
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 Supply, Accessory, And/Or Service Component Of Another HCPCS Code
A9999	Miscellaneous DME Supply Or Accessory, Not Otherwise Specified
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
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% (500 Ml= 1 Unit)-Homemix
B9998	Noc For Enteral Supplies
B9999	Noc For Parenteral Supplies
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

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
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
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	Specially Constructed Wheelchair
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, Not Otherwise Classified
E1510	Kidney, Dialysate Delivery Syst. Kidney Machine, Pump Recirculating, Air Removal Syst., Flowrate
E1520	Heparin Infusion Pump For Dialysis
E1530	Air Bubble Detector For Dialysis
E1540	Pressure Alarm For Dialysis

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
E1550	Bath Conductivity Meter For Dialysis
E1560	Blood Leak Detector For Dialysis
E1575	Transducer Protectors/Fluid Barriers, Any Size, Each
E1580	Unipuncture Control System For Dialysis
E1590	Hemodialysis Machine
E1592	Automatic Intermittent Peritoneal Dialysis System
E1594	Cycler Dialysis Machine For Peritoneal Dialysis
E1620	Blood Pump For Dialysis
E1625	Water Softening System
E1630	Reciprocating Peritoneal Dialysis System
E1632	Wearable Artificial Kidney
E1634	Peritoneal Dialysis Clamps, Each
E1635	Compact (Portable) Travel Hemodialyzer System
E1636	Sorbent Cartridges, Per Case
E1699	Dialysis Equipment, Unspecified, By Report
E1831	Static Progressive Stretch Toe Device, Extension And/OR Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories
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
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
K0014	Other Motorized/Power Wheelchair Base
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

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
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, Stays, 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	Unlisted Procedure For Spinal Orthosis
L2999	Unlisted Procedures For Lower Extremity Orthoses
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
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 Shoes, Hightop, Depth Inlay, Each
L3221	Orthopedic Footwear, Mens Shoes, Depth Inlay, Each
L3222	Orthopedic Footwear, Mens Shoes, 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

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
L3255	Non-Standard Size Or Length
L3257	Orthopedic Footwear, Additional Charge For Split Size
L3260	Surgical Boot/Shoe, Each
L3265	Plastazote Sandal, Each
L3485	Heel-Pad, Removable For Spur
L3649	Unlisted Procedures For Foot Orthopedic Shoes, Shoe Modifications And Transfers
L3677	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Includes Fitting And Adjustment
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint
L3999	Unlisted Procedures For Upper Limb Orthosis
L4002	Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type
L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation Control, With Or Without Flexion And/Or Extension Control
L5999	Unlisted Procedures For Lower Extremity Prosthesis
L7181	Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device
L7499	Unlisted Procedures For Upper Extremity Prosthesis
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 Code
Q0488	Power Pack Base For Use With Electric Ventricular Assist Device, Replacement Only
Q0505	Miscellaneous Supply Or Accessory For Use With Ventricular Assist Device
S1030	Continuous Noninvasive Glucose Monitoring Device, Purchase (For Physician Interpretation Of Data, Use CPT Code)
S8100	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; Without Mask
S8101	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; With Mask
S8120	Oxygen Contents, Gaseous, 1 Unit Equals 1 Cubic Foot
S8121	Oxygen Contents, Liquid, 1 Unit Equals 1 Pound
S8185	Flutter Device
S8186	Swivel Adaptor
S8420	Gradient Pressure Aid (Sleeve And Glove Combination), Custom Made
S8421	Gradient Pressure Aid (Sleeve And Glove Combination), Ready Made
S8422	Gradient Pressure Aid (Sleeve), Custom Made, Medium Weight
S8423	Gradient Pressure Aid (Sleeve), Custom Made, Heavy Weight
S8424	Gradient Pressure Aid (Sleeve), Ready Made
S8425	Gradient Pressure Aid (Glove), Custom Made, Medium Weight

Manually priced DME and medical supplies procedure codes that require MSRPs

Procedure Code	Procedure Description
S8426	Gradient Pressure Aid (Glove), Custom Made, Heavy Weight
S8427	Gradient Pressure Aid (Glove), Ready Made
S8428	Gradient Pressure Aid (Gauntlet), Ready Made
T4539	Incontinence Product, Diaper/Brief, Reusable, Any Size, Each
V5080	Glasses, Bone Conduction
V5095	Semi-Implantable Middle Ear Hearing Prosthesis
V5100	Hearing Aid, Bilateral, Body Worn
V5120	Binaural, Body
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, In The Ear
V5247	Hearing Aid, Digitally Programmable Analog, Monaural, Behind The Ear
V5252	Hearing Aid, Digitally Programmable, Binaural, In The Ear
V5253	Hearing Aid, Digitally Programmable, Binaural, Behind The Ear
V5299	Hearing Service, Miscellaneous

Questions?

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

Copies of this publication

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.