

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202215

APRIL 12, 2022

IHCP to add coverage for HCPCS code E2313

Effective May 13, 2022, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code E2313 – *Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each.*

Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, with dates of service (DOS) on or after May 13, 2022.

The following reimbursement information applies:

- Pricing: Maximum fee
- Prior authorization (PA): PA required
- Billing guidance:
 - Allowable for provider specialty 250 – *Durable Medical Equipment (DME)/Medical Supply Dealer*
 - Reimbursable in the outpatient setting
 - Standard billing guidance applies. For billing procedures, see the [Claim Submission and Processing](#) and [Durable and Home Medical Equipment and Supplies](#) provider reference modules at in.gov/medicaid/providers.



Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7. 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 for procedure code E2313 should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in *Durable and Home Medical Equipment and Supplies Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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IHCP to add coverage for HCPCS code E0986

Effective May 13, 2022, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code E0986 – *Manual wheelchair accessory, push-rim activated power assist system*.

Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans, with dates of service (DOS) on or after May 13, 2022.

The following reimbursement information applies:

- Pricing: Maximum fee
- Prior authorization (PA): PA required
- Billing guidance:
 - Allowable for provider specialty 250 – *Durable Medical Equipment (DME)/Medical Supply Dealer*
 - Reimbursable in the outpatient setting
 - Standard billing guidance applies. For billing procedures, see the [Claim Submission and Processing](#) and [Durable and Home Medical Equipment and Supplies](#) provider reference modules at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers).



A push-rim activated power assist device (E0986) for a manual wheelchair meets the definition of medical necessity when **all** the following are met:

- Coverage criteria pertaining to specific wheelchair type are met.
- The individual has limitations of strength, endurance, range of motion, or coordination; or the presence of pain or deformity; or absence of one or both upper extremities, which are relevant to the assessment of upper extremity function.
- The individual has been self-propelling in a manual wheelchair for at least one year.
- The individual has had a specialty evaluation that:
 - Was performed by a licensed/certified medical professional (LCMP), such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has had specific training and experience in rehabilitation wheelchair evaluation.
 - Documents the need for the device in the individual's home.

Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7. 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 for procedure code E0986 should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers), and in [Durable and Home Medical Equipment and Supplies Codes](#), accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers).

FSSA OMPP needs public comment on the 2022 Quality Strategy Plan

The Indiana Family and Social Services (FSSA) Office of Medicaid Policy and Planning (OMPP) is seeking public comment on the [2022 IHCP Quality Strategy Plan](#) (QSP), which is available on the [Quality and Outcomes Reporting](#) page of the OMPP website at in.gov/fssa/ompp. The Centers for Medicare & Medicaid Services (CMS) requires each state Medicaid agency, per *Code of Federal Regulations 42 CFR 438.340*, to develop and implement an annual quality strategy plan. Indiana's plan for 2022 provides:

- An annual plan to assess managed care entity (MCE) delivery of services
- Continuous quality improvement (CQI)
- Quality subcommittees

All comments should be submitted by May 12, 2022 to Sue Beecher, OMPP Program Evaluation Manager, at susan.beecher@fssa.in.gov.



QUESTIONS?

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

TO PRINT

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