

IHCP *bulletin*

Note: This bulletin has been corrected. The code description for K0042 has been corrected, and a note was added to K0098 regarding when it was allowable for DME providers.

INDIANA HEALTH COVERAGE PROGRAMS BT2023124 SEPTEMBER 28, 2023

IHCP adds coverage for additional wheelchair codes

In accordance with the Centers for Medicare & Medicaid Services (CMS), and to encourage appropriate coding usage, the Indiana Health Coverage Programs (IHCP) has approved coverage for several wheelchair codes that were previously noncovered. This decision was made to standardize billing processes for wheelchair codes and to ensure providers are being reimbursed appropriately.

For dates of service (DOS) on or after Nov. 1, 2023, the IHCP will reimburse IHCP-enrolled providers for the codes listed in Table 1 for eligible IHCP members with full Medicaid benefits, including Traditional Medicaid members as well as all managed care members. Prior authorization (PA) is required.

The IHCP reminds providers to follow American Medical Association (AMA) guidance and code to the maximum level of specificity. Billing unlisted or nonspecific procedure codes is only appropriate when there is not a more specific code available that matches the service being provided. Failure to comply with appropriate billing practices will result in a denial.

This information will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page. See the fee schedules to determine whether an item is allowable as rental (modifier RR) and/or as new (modifier NU).

Updates will also be made to *Durable and Home Medical Equipment and Supplies Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

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

A future bulletin will provide more information on billing nonstandard wheelchairs for members residing in a nursing facility.



Table 1 – Wheelchair codes covered effective for DOS on or after Nov. 1, 2023

Procedure code	Description	Special billing information
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	15-month capped rental period Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)

Table 1 – Wheelchair codes covered effective for DOS on or after Nov. 1, 2023 (Continued)

Procedure code	Description	Special billing information
K0001	Standard wheelchair	Included in LTC per diem rate Allowed for HME providers (specialty 251)
K0002	Standard hemi (low seat) wheelchair	15-month capped rental period Allowed for HME providers (specialty 251)
K0003	Lightweight wheelchair	15-month capped rental period Allowed for HME providers (specialty 251)
K0004	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	15-month capped rental period Allowed for HME providers (specialty 251)
K0005	Ultralightweight wheelchair	15-month capped rental period Allowed for HME providers (specialty 251)
K0006	Heavy duty wheelchair	15-month capped rental period Allowed for HME providers (specialty 251)
K0007	Extra heavy duty wheelchair	15-month capped rental period Allowed for HME providers (specialty 251)
K0009	Other manual wheelchair/base	Included in LTC per diem rate 6-month capped rental period Allowed for HME providers (specialty 251)
K0010	Standard - weight frame motorized/power wheelchair	6-month capped rental period Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	6-month capped rental period Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0012	Lightweight portable motorized/power wheelchair	Included in LTC per diem rate 6-month capped rental period Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0015	Detachable, non-adjustable height armrest, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0017	Detachable, adjustable height armrest, base, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0019	Arm pad, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0020	Fixed, adjustable height armrest, pair	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0037	Footrest, complete assembly, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0038	Leg strap, each	Included in LTC per diem rate Allowed for HME providers (specialty 251)

Table 1 – Wheelchair codes covered effective for DOS on or after Nov. 1, 2023 (Continued)

Procedure code	Description	Special billing information
K0039	Leg strap, h style, each	Included in LTC per diem rate Allowed for HME providers (specialty 251)
K0041	Large size footplate, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0042	Standard size footplate, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0046	Elevating legrest, lower extension tube, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0050	Ratchet assembly, replacement only	Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0051	Cam release assembly, footrest or legrest, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0052	Swingaway, detachable footrests, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0053	Elevating footrests, articulating (telescoping), each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0065	Spoke protectors, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0073	Caster pin lock, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0098	Drive belt for power wheelchair, replacement only	Allowed for DME providers (specialty 250)* <i>*This procedure code was already allowed for DME providers prior to Nov. 1, 2023.</i> Allowed for HME providers (specialty 251)

Table 1 – Wheelchair codes covered effective for DOS on or after Nov. 1, 2023 (Continued)

Procedure code	Description	Special billing information
K0105	IV hanger, each	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	Included in LTC per diem rate Allowed for DME providers (specialty 250)
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Allowed for DME providers (specialty 250) Allowed for HME providers (specialty 251)

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