

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023126 SEPTEMBER 28, 2023

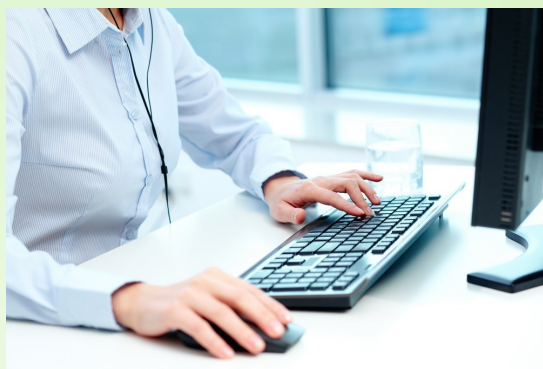
## IHCP updates DME and HME code tables

Effective immediately, the Indiana Health Coverage Programs (IHCP) has updated the *Durable and Home Medical Equipment Codes* provider code table document to reflect information that was inadvertently omitted from previous publications.

*IHCP Banner Page [BR202215](#)* announced coverage of procedure codes E0986 and E2313 effective for dates of service (DOS) on or after **May 13, 2022**. The banner page should have also noted that both codes are allowed for provider specialty 251 – *Home Medical Equipment (HME)*, and the codes are subject to a 10-month capped rental period.

*IHCP Bulletin [BT202109](#)* announced coverage of procedure code C1825 effective for DOS on or after **Jan. 1, 2021**. The bulletin should have also noted that the code was allowed for provider specialty 250 – *Durable Medical Equipment (DME)/ Medical Supply Dealer*.

Updates have been made to the applicable tables in *Durable and Home Medical Equipment*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), as indicated in Table 1.



Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. Questions about FFS PA should be directed to Kepro Customer Service at 866-725-9991.

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 codes E0986, E2313 and C1825 should be directed to the MCE with which the member is enrolled.

*Table 1 – Procedure codes added to tables in Durable and Home Medical Equipment Codes*

Procedure code	Description	Code table update
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Add to <i>Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)</i> table
E0986	Manual wheelchair accessory, push-rim activated power assist system	Add to the following tables: <ul style="list-style-type: none"><li>• <i>Covered Procedure Codes for Home Medical Equipment (HME) Providers (Specialty 251)</i></li><li>• <i>Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period</i></li></ul>
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Add to the following tables: <ul style="list-style-type: none"><li>• <i>Covered Procedure Codes for Home Medical Equipment (HME) Providers (Specialty 251)</i></li><li>• <i>Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period</i></li></ul>

**QUESTIONS?**

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

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