

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202207

FEBRUARY 15, 2022

IHCP corrects required PA form information for acute care hospital non-elective inpatient admission

Indiana Health Coverage Programs (IHCP) Bulletin [BT202174](#) announced that effective Aug. 30, 2021, Indiana Medicaid instituted a streamlined prior authorization (PA) process for acute care hospital non-elective inpatient admission. The bulletin stated that certain information remained required on the *IHCP Prior Authorization Request Form* (universal PA form) or electronic equivalent through the managed care entity (MCE) provider portal or IHCP Provider Healthcare Portal. The IHCP incorrectly stated that the required PA form information included the following:



- Rendering provider number
- Rendering provider tax ID
- Rendering provider address

The corrected required information for the PA form is as follows:

- Requesting provider number
- Requesting provider tax ID
- Requesting provider address

Rendering provider information is not required information to include on the PA form. For more information please see *IHCP Bulletin* [BT202174](#).

IHCP reminds providers to check member eligibility

Following numerous questions from the provider community, the Office of Medicaid Policy and Planning (OMPP) Program Integrity unit is reminding Indiana Health Coverage Programs (IHCP) providers of the importance of regularly checking member eligibility. Providers are required to verify member eligibility on the date of service. Providers that fail to verify eligibility are at risk of having claims denied due to member ineligibility or coverage limitations.

Checking Member Eligibility

Due to varying circumstances, a member may have periods of inactive coverage. Therefore, it is important to check a member's status of coverage before every appointment. If a member's coverage is inactive at the time services are rendered, the claims will not be reimbursed. The member must be notified of ineligibility and agree in writing to cover any cost accrued from the services rendered.

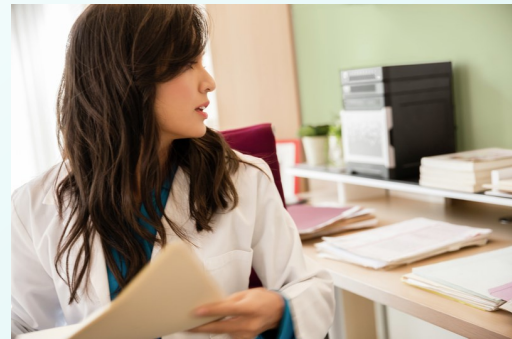
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continued

Viewing a member ID card alone does not ensure member eligibility. Providers can verify member eligibility by using one of the following Eligibility Verification System (EVS) options:

- IHCP Provider Healthcare Portal (Portal)
- Approved vendor software for the 270/271 batch or interactive eligibility benefit transactions
- Interactive Voice Response (IVR) system at 800-457-4584, Option 2 followed by Option 5 (Customer Assistance representatives do not provide eligibility verification information.)



Retroactive Eligibility

A member's coverage could be retroactively implemented due to varying circumstances. When a provider is made aware of a member's retroactive eligibility, it is the provider's responsibility to follow proper procedures to bill Indiana Medicaid for services rendered.

- When a provider learns of a member's retroactive eligibility, they must immediately return any payments to the member that the member paid for IHCP-covered services rendered during the member's retroactive eligibility period.
- The provider must then bill the IHCP for covered services rendered during the member's retroactive eligibility period.
- If the claim was filed more than 180 days from the date of service, but within one year of the member's retroactive eligibility being awarded, please include a claim note indicating "**Retroactive eligibility. Please waive timely filing.**"
- If prior authorization (PA) is required for the covered service, such authorization may be requested retroactively up to 180 days from the date the member was enrolled. The provider must indicate on the PA request or with a cover letter that the reason for the untimely request was due to retroactive eligibility.

Providers are reminded that if a member has eligibility, there are very limited circumstances in which a member can be billed, as outlined in *IHCP Banner Page* [BR202111](#).

IHCP to update rates for certain DME and medical supply items effective Jan. 1, 2022

As announced in *Indiana Health Coverage Programs (IHCP) Banner Page* [BR202147](#), the IHCP will change the rates for select durable medical equipment (DME) and medical supply Healthcare Common Procedure Coding System (HCPCS) procedure codes effective for dates of service (DOS) on or after Jan. 1, 2022. These HCPCS procedure codes are subject to the *21st Century Cures Act*. The HCPCS procedure codes impacted by this change, as well as their respective rates, are shown in Table 1.

The fee-for-service (FFS) claim-processing system has been updated with the new rates. Claims processed during the indicated time frame for the procedure codes in [Table 1](#) will be mass adjusted, as appropriate. Providers should see adjusted claims on Remittance Advices (RAs) beginning March 23, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

continued

The capped rental period for HCPCS codes subject to this change was announced in *IHCP Bulletin BT2020128*. For DME and medical supply HCPCS codes not subject to the *21st Century Cures Act*, the capped rental period remains 15 months. For HCPCS codes subject to the Act that are designated as capped rental items by Medicare, the capped rental period is either six months or 10 months: six months for power wheelchairs and 10 months for all other capped rental DME and medical supplies. *BT202106* listed all codes with the applicable capped rental period (6, 10 or 15 months), in accordance with this policy. Effective for DOS on or after **Jan. 1, 2021**, four codes that previously retained a capped rental period of 15 months are now subject to the *21st Century Cures Act* and have new capped rental periods, as shown in [Table 2](#).

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page. Updates will also be made to the applicable tables in *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 FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA 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.

QUESTIONS?

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

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

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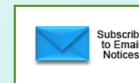


Table 1 – HCPCS procedure codes with updated rate, effective for DOS on or after Jan. 1, 2022

HCPCS code	Description	Modifier (if applicable)*	Max fee
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		\$47.35
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	NU	\$4.17
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	NU	\$138.66
		RR	\$13.87
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	NU	\$25.36
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	NU	\$56.46
		RR	\$10.85
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	NU	\$94.93
		RR	\$16.63
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	NU	\$65.14
		RR	\$8.76
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$41.07
		RR	\$10.34
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	NU	\$21.99
		RR	\$5.34
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$57.74
		RR	\$8.91
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	NU	\$29.34
		RR	\$5.63
E0130	Walker, rigid (pickup), adjustable or fixed height	NU	\$52.89
		RR	\$7.89
E0135	Walker, folding (pickup), adjustable or fixed height	NU	\$58.52
		RR	\$8.11
E0140	Walker, with trunk support, adjustable or fixed height, any type	NU	\$335.20
		RR	\$33.52
E0141	Walker, rigid, wheeled, adjustable or fixed height	NU	\$67.09
		RR	\$8.82
E0143	Walker, folding, wheeled, adjustable or fixed height	NU	\$69.53
		RR	\$8.91
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	NU	\$300.80
		RR	\$30.08
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	NU	\$474.87
		RR	\$47.49
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	NU	\$100.01
		RR	\$10.00
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	NU	\$153.40
		RR	\$15.34
E0160	Sitz type bath or equipment, portable, used with or without commode	NU	\$34.00
		RR	\$3.72
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	NU	\$28.31
		RR	\$3.12
E0163	Commode chair, mobile or stationary, with fixed arms	NU	\$75.77
		RR	\$11.67
E0165	Commode chair, mobile or stationary, with detachable arms	NU	\$146.70
		RR	\$14.67
E0167	Pail or pan for use with commode chair, replacement only	NU	\$12.79
		RR	\$1.29

* NU = New durable medical equipment purchase;

RR = Rental of durable medical equipment;

QB = Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds four liters per minute (LPM) and portable oxygen is prescribed;

QF = Prescribed amount of stationary oxygen while at rest exceeds four liters per minute (LPM) and portable oxygen is prescribed;

U1 = Nonpreferred blood glucose monitor or diabetic test strip

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	NU	\$139.57
		RR	\$13.98
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	NU	\$201.40
		RR	\$20.14
E0184	Dry pressure mattress	NU	\$182.33
		RR	\$19.79
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	NU	\$214.50
		RR	\$24.82
E0186	Air pressure mattress	NU	\$204.50
		RR	\$20.45
E0188	Synthetic sheepskin pad	NU	\$28.60
		RR	\$3.00
E0189	Lambswool sheepskin pad, any size	NU	\$54.50
		RR	\$5.58
E0196	Gel pressure mattress	NU	\$365.50
		RR	\$36.55
E0197	Air pressure pad for mattress, standard mattress length and width	NU	\$227.70
		RR	\$22.77
E0199	Dry pressure pad for mattress, standard mattress length and width	NU	\$31.32
		RR	\$3.13
E0210	Electric heat pad, standard	NU	\$33.96
		RR	\$3.20
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	NU	\$211.00
		RR	\$21.10
E0250	Hospital bed, fixed height, with any type side rails, with mattress	NU	\$730.90
		RR	\$73.09
E0251	Hospital bed, fixed height, with any type side rails, without mattress	NU	\$654.60
		RR	\$65.46
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	NU	\$754.80
		RR	\$75.48
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	NU	\$679.50
		RR	\$67.95
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	NU	\$849.10
		RR	\$84.91
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	NU	\$813.10
		RR	\$81.31
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	NU	\$1,673.60
		RR	\$167.36
E0277	Powered pressure-reducing air mattress	NU	\$3,305.80
		RR	\$330.58
E0290	Hospital bed, fixed height, without side rails, with mattress	NU	\$651.10
		RR	\$65.11
E0291	Hospital bed, fixed height, without side rails, without mattress	NU	\$490.80
		RR	\$49.08
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	NU	\$691.70
		RR	\$69.17
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	NU	\$613.10
		RR	\$61.31

* NU = New durable medical equipment purchase;

RR = Rental of durable medical equipment;

QB = Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds four liters per minute (LPM) and portable oxygen is prescribed;

QF = Prescribed amount of stationary oxygen while at rest exceeds four liters per minute (LPM) and portable oxygen is prescribed;

U1 = Nonpreferred blood glucose monitor or diabetic test strip

Table 1 – HCPCS procedure codes with updated rate, effective for DOS on or after Jan. 1, 2022

HCPCS code	Description	Modifier (if applicable)*	Max fee
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	NU	\$817.90
		RR	\$81.79
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	NU	\$765.90
		RR	\$76.59
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	NU	\$1,153.00
		RR	\$115.30
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	NU	\$2,766.80
		RR	\$276.68
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	NU	\$1,984.50
		RR	\$198.45
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	NU	\$5,523.90
		RR	\$552.39
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	NU	\$2,094.80
		RR	\$209.48
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	NU	\$5,871.50
		RR	\$587.15
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	NU	\$2,623.00
		RR	\$262.30
E0372	Powered air overlay for mattress, standard mattress length and width	NU	\$2,873.10
		RR	\$287.31
E0373	Nonpowered advanced pressure reducing mattress	NU	\$3,071.20
		RR	\$307.12
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR	\$115.33
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$22.31
		RR QB	\$57.67
		RR QF	\$57.67
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	RR	\$42.10
		RR QB	\$57.67
		RR QF	\$57.67
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$42.10
		RR QB	\$57.67
		RR QF	\$57.67
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	RR	\$115.33
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		\$61.99
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		\$61.99
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		\$57.63
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		\$57.63
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	RR	\$992.63
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	RR	\$992.63
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	RR	\$1,174.66
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	NU	\$1,541.50
		RR	\$154.15
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	NU	\$3,615.30
		RR	\$361.53

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	NU	\$4,813.80
		RR	\$481.38
E0482	Cough stimulating device, alternating positive and negative airway pressure	NU	\$5,261.20
		RR	\$526.12
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	NU	\$13,006.80
		RR	\$1,300.68
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	RR	\$127.94
E0570	Nebulizer, with compressor	NU	\$97.90
		RR	\$9.79
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	NU	\$365.40
		RR	\$36.54
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	NU	\$492.50
		RR	\$49.25
E0575	Nebulizer, ultrasonic, large volume	NU	\$1,257.50
		RR	\$125.75
E0585	Nebulizer, with compressor and heater	NU	\$350.10
		RR	\$35.01
E0600	Respiratory suction pump, home model, portable or stationary, electric	NU	\$476.20
		RR	\$47.62
E0601	Continuous positive airway pressure (CPAP) device	NU	\$627.90
		RR	\$62.79
E0607	Home blood glucose monitor		\$81.75
		U1	\$81.75
		RR	\$8.17
E0620	Skin piercing device for collection of capillary blood, laser, each	NU	\$1,069.60
		RR	\$106.96
		RR U1	\$8.17
E0627	Seat lift mechanism, electric, any type	NU	\$310.82
		RR	\$31.08
E0629	Seat lift mechanism, non-electric, any type	NU	\$308.30
		RR	\$30.83
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	NU	\$777.50
		RR	\$77.75
E0635	Patient lift, electric with seat or sling	NU	\$1,285.20
		RR	\$128.52
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	NU	\$11,093.20
		RR	\$1,109.32
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	NU	\$1,364.80
		RR	\$136.48
E0640	Patient lift, fixed system, includes all components/accessories	NU	\$1,364.80
		RR	\$136.48
E0650	Pneumatic compressor, non-segmental home model	NU	\$881.12
		RR	\$108.74
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	NU	\$984.50
		RR	\$114.79
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	NU	\$6,474.25
		RR	\$641.00

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	NU	\$1,099.36
		RR	\$109.93
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	NU	\$1,380.50
		RR	\$138.03
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	NU	\$1,701.76
		RR	\$170.18
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	NU	\$5,416.56
		RR	\$541.65
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	NU	\$157.45
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	NU	\$168.43
E0740	Non-implanted pelvic floor electrical stimulator, complete system	NU	\$639.70
		RR	\$63.97
E0745	Neuromuscular stimulator, electronic shock unit	NU	\$1,095.20
		RR	\$109.52
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	NU	\$4,649.71
		RR	\$464.94
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	NU	\$4,760.02
		RR	\$475.97
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	NU	\$3,955.48
		RR	\$395.55
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	NU	\$202.10
		RR	\$20.21
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	NU	\$12.69
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	NU	\$2,769.40
		RR	\$276.94
E0784	External ambulatory infusion pump, insulin	NU	\$4,810.00
		RR	\$481.00
E0791	Parenteral infusion pump, stationary, single or multi-channel	NU	\$3,294.80
		RR	\$329.48
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	NU	\$630.50
		RR	\$63.05
E0855	Cervical traction equipment not requiring additional stand or frame	NU	\$614.90
		RR	\$61.49
E0860	Traction equipment, overdoor, cervical	NU	\$47.15
		RR	\$7.98
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)	NU	\$142.31
		RR	\$16.41
E0880	Traction stand, free standing, extremity traction	NU	\$153.59
		RR	\$24.11
E0890	Traction frame, attached to footboard, pelvic traction	NU	\$147.30
		RR	\$40.17
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	NU	\$146.03
		RR	\$33.80
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	NU	\$143.50
		RR	\$14.35
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	NU	\$461.50
		RR	\$46.15

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	NU	\$951.50
		RR	\$95.15
E0920	Fracture frame, attached to bed, includes weights	NU	\$525.20
		RR	\$52.52
E0935	Continuous passive motion exercise device for use on knee only	RR	\$27.83
E0940	Trapeze bar, free standing, complete with grab bar	NU	\$249.60
		RR	\$24.96
E0941	Gravity assisted traction device, any type	NU	\$521.20
		RR	\$52.12
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)	NU	\$615.20
		RR	\$61.52
E0947	Fracture frame, attachments for complex pelvic traction	NU	\$630.67
		RR	\$65.39
E0948	Fracture frame, attachments for complex cervical traction	NU	\$609.99
		RR	\$60.98
E1031	Rollabout chair, any and all types with casters 5" or greater	NU	\$487.10
		RR	\$48.71
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	NU	\$6,493.20
		RR	\$649.32
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	NU	\$9,415.90
		RR	\$941.59
E1037	Transport chair, pediatric size	NU	\$1,203.50
		RR	\$120.35
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	NU	\$168.00
		RR	\$16.80
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	NU	\$364.10
		RR	\$36.41
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	NU	\$897.20
		RR	\$89.72
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	NU	\$742.20
		RR	\$74.22
E1161	Manual adult size wheelchair, includes tilt in space	NU	\$2,894.70
		RR	\$289.47
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	NU	\$2,616.50
		RR	\$261.65
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	NU	\$2,710.70
		RR	\$271.07
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	NU	\$2,360.00
		RR	\$236.00
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	NU	\$2,272.60
		RR	\$227.26
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	NU	\$2,004.90
		RR	\$200.49
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	NU	\$2,022.30
		RR	\$202.23
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	NU	\$2,004.90
		RR	\$200.49
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	RR	\$115.33

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Table 1 – HCPCS procedure codes with updated rate, effective for DOS on or after Jan. 1, 2022

HCPCS code	Description	Modifier (if applicable)*	Max fee
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	RR	\$115.33
E1392	Portable oxygen concentrator, rental	RR	\$42.10
		RR QB	\$57.67
		RR QF	\$57.67
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	NU	\$1,498.70
		RR	\$149.87
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,578.40
		RR	\$157.84
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	NU	\$3,998.30
		RR	\$399.83
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	NU	\$1,545.80
		RR	\$154.58
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,296.00
		RR	\$129.60
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	NU	\$1,524.30
		RR	\$152.43
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,640.80
		RR	\$164.08
E1812	Dynamic knee, extension/flexion device with active resistance control	NU	\$1,052.10
		RR	\$105.21
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	NU	\$1,545.80
		RR	\$154.58
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,666.90
		RR	\$166.69
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	NU	\$1,701.60
		RR	\$170.16
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	NU	\$99.09
		RR	\$9.91
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	NU	\$1,545.80
		RR	\$154.58
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	NU	\$1,545.80
		RR	\$154.58
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$808.30
		RR	\$80.83
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	NU	\$4,682.30
		RR	\$468.23
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	NU	\$5,542.00
		RR	\$554.20
E2000	Gastric suction pump, home model, portable or stationary, electric	NU	\$634.10
		RR	\$63.41
E2100	Blood glucose monitor with integrated voice synthesizer	NU	\$668.85
		RR	\$66.90
E2101	Blood glucose monitor with integrated lancing/blood sample	NU	\$230.68
		RR	\$23.07
E2402	Negative pressure wound therapy electrical pump, stationary or portable	NU	\$9,712.00
		RR	\$971.20
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	NU	\$1,462.96
		RR	\$146.31
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	NU	\$2,829.74
		RR	\$282.96

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	NU	\$4,375.73
		RR	\$437.57
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	NU	\$8,280.50
		RR	\$828.05
K0730	Controlled dose inhalation drug delivery system	NU	\$2,109.10
		RR	\$210.91
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$42.10
		RR QB	\$57.67
		RR QF	\$57.67
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	NU	\$985.19
		RR	\$98.52
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	NU	\$1,719.22
		RR	\$171.91
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	NU	\$2,228.28
		RR	\$222.83
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,013.27
		RR	\$301.99
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,181.40
		RR	\$327.21
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,437.87
		RR	\$365.68
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,317.87
		RR	\$347.68
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,073.67
		RR	\$311.05
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,316.40
		RR	\$347.46
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,579.27
		RR	\$386.89
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,506.80
		RR	\$376.02
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,455.00
		RR	\$518.25
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$3,156.87
		RR	\$473.53
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$5,684.27
		RR	\$852.64
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$4,880.47
		RR	\$732.07
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$6,755.73
		RR	\$1,013.36
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	NU	\$6,335.53
		RR	\$950.33
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,959.73
		RR	\$443.96
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$3,069.67
		RR	\$460.45
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,700.87
		RR	\$555.13
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$3,290.73
		RR	\$493.61

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HCPCS code	Description	Modifier (if applicable)*	Max fee
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$4,873.00
		RR	\$730.95
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$7,448.00
		RR	\$1,117.20
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$3,268.47
		RR	\$490.27
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$3,265.40
		RR	\$489.81
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,895.60
		RR	\$584.34
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,572.40
		RR	\$835.86
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$5,357.47
		RR	\$803.62
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$6,463.60
		RR	\$969.54
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$6,214.87
		RR	\$932.23
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$7,671.93
		RR	\$1,150.79
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,981.20
		RR	\$897.18
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$6,101.13
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	NU	\$7,421.00
		RR	\$1,113.15
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$7,077.33
		RR	\$1,061.60
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$10,601.87
		RR	\$1,590.28
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,990.80
		RR	\$898.62
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$7,421.00
		RR	\$1,113.15
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$10,601.87
		RR	\$1,590.28

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Table 2 – HCPCS procedure codes previously capped at 15 months with new capped rental periods for DOS on or after Jan. 1, 2022

Procedure code	Description	Capped rental period effective Jan. 1, 2022
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	10 months
E0620	Skin piercing device for collection of capillary blood, laser, each	10 months
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	6 months
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	6 months