

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024114    JULY 18, 2024

## IHCP corrects DME pricing

The Indiana Health Coverage Programs (IHCP) discovered an error in how pricing was set for certain durable medical equipment (DME) and medical supply Healthcare Common Procedure Coding System (HCPCS) procedure codes that were effective for dates of service (DOS) on or after **Jan. 1, 2024**. The HCPCS procedure codes shown in [Table 1](#) were erroneously set to pay at resource-based relative value scale (RBRVS), which resulted in no reimbursement.

This error has been corrected in the Core Medicaid Management Information System (CoreMMIS), and claims that denied for payment will be mass adjusted. Providers can expect to see adjustments on remittance advices (RAs) beginning Aug. 21, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

For the manually priced codes in Table 1, documentation of the manufacturer's suggested retail price (MSRP), or a cost invoice if no MSRP is available, must be included with the claim. The MSRP or cost invoice must be the most current MSRP or cost invoice, and can be no older than two years old. If no MSRP or cost invoice was included with the original claim for the manually priced codes, the provider will need to resubmit the claim with the attachment. If providers need to submit any claims retroactively, they can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for fee-for-service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit. For additional requirements, see the [Durable and Home Medical Equipment and Supplies](#) provider reference module, available on the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Updates will also be made to *Procedure Codes That Require Attachments*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA), and billing criteria within the managed care delivery system. Questions about managed care claims should be directed to the MCE with which the member is enrolled.



Table 1 – DME pricing effective for DOS on or after Jan. 1, 2024

Procedure code	Description	Physician pricing	Physician pricing amount
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	Manual	75% manufacturer's suggested retail price (MSRP)/120% cost invoice
A4457	Enema tube, with or without adapter, any type, replacement only, each	Manual	75% MSRP/120% cost invoice
A6520	Gradient compression garment, glove, padded, for nighttime use, each	Max Fee	\$119.54
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	Max Fee	\$474.33
A6522	Gradient compression garment, arm, padded, for nighttime use, each	Max Fee	\$290.47
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	Max Fee	\$689.17
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	Max Fee	\$362.39
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	Max Fee	\$731.60
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	Max Fee	\$655.18
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	Max Fee	\$1,204.80
A6528	Gradient compression garment, bra, for nighttime use, each	Max Fee	\$630.00
A6529	Gradient compression garment, bra, for nighttime use, custom, each	Max Fee	\$995.50
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	Max Fee	\$54.81
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	Max Fee	\$214.01
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	Max Fee	\$75.36
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	Max Fee	\$214.01
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	Max Fee	\$293.29
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	Max Fee	\$293.29
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	Max Fee	\$302.67
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	Manual	75% MSRP/120% cost invoice
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	Manual	75% MSRP/120% cost invoice
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	Manual	75% MSRP/120% cost invoice
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	Max Fee	\$959.88

Table 1 – DME pricing effective for DOS on or after Jan. 1, 2024 (Continued)

Procedure code	Description	Physician pricing	Physician pricing amount
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	Max Fee	\$959.88
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	Max Fee	\$1,034.00
A6565	Gradient compression gauntlet, custom, each	Max Fee	\$165.86
A6566	Gradient compression garment, neck/head, each	Max Fee	\$240.83
A6567	Gradient compression garment, neck/head, custom, each	Max Fee	\$756.68
A6568	Gradient compression garment, torso and shoulder, each	Max Fee	\$157.17
A6569	Gradient compression garment, torso/shoulder, custom, each	Max Fee	\$895.00
A6570	Gradient compression garment, genital region, each	Max Fee	\$107.09
A6571	Gradient compression garment, genital region, custom, each	Max Fee	\$643.63
A6572	Gradient compression garment, toe caps, each	Max Fee	\$99.37
A6573	Gradient compression garment, toe caps, custom, each	Max Fee	\$235.80
A6574	Gradient compression arm sleeve and glove combination, custom, each	Max Fee	\$300.61
A6575	Gradient compression arm sleeve and glove combination, each	Max Fee	\$97.42
A6576	Gradient compression arm sleeve, custom, medium weight, each	Max Fee	\$184.50
A6577	Gradient compression arm sleeve, custom, heavy weight, each	Max Fee	\$152.70
A6578	Gradient compression arm sleeve, each	Max Fee	\$75.20
A6579	Gradient compression glove, custom, medium weight, each	Max Fee	\$296.14
A6580	Gradient compression glove, custom, heavy weight, each	Max Fee	\$293.96
A6581	Gradient compression glove, each	Max Fee	\$69.00
A6582	Gradient compression gauntlet, each	Max Fee	\$46.02
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	Max Fee	\$151.38
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	Manual	75% MSRP/120% cost invoice
A6585	Gradient pressure wrap with adjustable straps, above knee, each	Max Fee	\$179.24
A6586	Gradient pressure wrap with adjustable straps, full leg, each	Max Fee	\$528.06
A6587	Gradient pressure wrap with adjustable straps, foot, each	Max Fee	\$69.17
A6588	Gradient pressure wrap with adjustable straps, arm, each	Max Fee	\$230.54

Table 1 – DME pricing effective for DOS on or after Jan. 1, 2024 (Continued)

Procedure code	Description	Physician pricing	Physician pricing amount
A6589	Gradient pressure wrap with adjustable straps, bra, each	Max Fee	\$91.01
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified	Manual	75% MSRP/120% cost invoice
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	Max Fee	\$33.14
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	Max Fee	\$32.59
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	Max Fee	\$0.17
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	Max Fee	\$1.47
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	Max Fee	\$0.71
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	Max Fee	\$1.61
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	Max Fee	\$2.90
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	Max Fee	\$3.26
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	Max Fee	\$4.76
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	Max Fee	\$2.23
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	Max Fee	\$1.30
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	Max Fee	\$1.49
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	Max Fee	\$4.42
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	Max Fee	\$1.18
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	Max Fee	\$4.92
A6609	Gradient compression bandaging supply, not otherwise specified	Manual	75% MSRP/120% cost invoice
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	Max Fee	\$214.01

**QUESTIONS?**

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

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