



# REIMBURSEMENT POLICY STATEMENT

## Indiana Marketplace

Policy Name & Number	Date Effective
Durable Medical Equipment (DME) Unlisted and Miscellaneous Codes-IN MP-PY-1481	03/01/2026
Policy Type	
<b>REIMBURSEMENT</b>	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

A.	Subject .....	2
B.	Background .....	2
C.	Definitions.....	2
D.	Policy .....	2
E.	Conditions of Coverage .....	3
F.	Related Policies/Rules .....	3
G.	Review/Revision History .....	4
H.	References .....	4

## A. Subject

### **Durable Medical Equipment (DME) Unlisted and Miscellaneous Codes**

## B. Background

The Centers for Medicare and Medicaid Services (CMS) establishes and maintains Health Care Common Procedure Coding System (HCPCS) codes. The code sets were established so providers can use the most specific and appropriate code when submitting claims for reimbursement of the item rendered to members.

Occasionally, a HCPCS code may not be available for durable medical equipment (DME) if it is rarely used, unusual, or new. Only then would providers use an unlisted, unclassified, not otherwise specified (NOS), not otherwise classified (NOC), miscellaneous, or generic code for any DME item or supply.

## C. Definitions

- **Durable Medical Equipment (DME)** – Equipment and supplies ordered by a health care provider for everyday or extended use.
- **Miscellaneous (Unlisted, Unclassified, Not Otherwise Specified [NOS], or Not Otherwise Classified [NOC]) Codes** – Submitted by a supplier for an item for which there is no existing or no specific HCPCS code that adequately describes the item being billed.

## D. Policy

- I. All unlisted or miscellaneous codes for a DME item require a prior authorization and medical necessity review.
  - A. Prior authorization requests submitted with unlisted or miscellaneous codes must contain the applicable information and/or documentation below for consideration during review:
    1. a complete description of the item, including, as applicable, the manufacturer, model or style, and size, a list of all bundled components, and an itemization of all charges, including an invoice
    2. statement that no other more appropriate code exists
    3. any other information requested by CareSource
- II. Unlisted or miscellaneous codes should only be used when an established code does not exist to describe the item requested.
- III. Reimbursement is based on review of the unlisted or miscellaneous code(s) on an individual claim basis.
- IV. Unlisted/non-specific codes used for DME item(s) deemed to be experimental and investigational may be denied.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

V. Warranty

CareSource may request warranty information regarding the DME item(s) or supply when an unlisted or miscellaneous code is used. If the requested DME item(s) and/or supplies are covered by the supplier's or manufacturer's warranty, CareSource will deny the prior authorization.

VI. The following codes are not all inclusive but provide some typical examples of DME unlisted/miscellaneous codes that are generally used incorrectly.

Code	Description
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A9999	Miscellaneous DME supply or accessory, not otherwise specified
B9998	Not otherwise classified (NOC) for enteral supplies
E1399	Durable medical equipment, miscellaneous
K0108	Wheelchair component or accessory, not otherwise specified
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device

E. Conditions of Coverage

- I. Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual item provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member eligibility.
- II. It is the responsibility of the submitting provider to submit the most accurate and appropriate HCPCS code(s) for the item that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee payment of claims.
- III. Prior authorization is not a guarantee of payment.
- IV. CareSource may verify the use of any code through post-payment audit. If a more appropriate code is discovered, CareSource may request recoupment.

F. Related Policies/Rules

Durable Medical Equipment (DME) Modifiers

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

G. Review/Revision History

	<b>DATE</b>	<b>ACTION</b>
<b>Date Issued</b>	06/19/2024	New policy. Approved at Committee.
<b>Date Revised</b>	12/17/2025	Periodic review. Moved D.IV to D.I, updated conditions of coverage and references. Approved at Committee.
<b>Date Effective</b>	03/01/2026	
<b>Date Archived</b>		

H. References

1. Durable medical equipment (DME). Accessed December 4, 2025. [www.healthcare.gov](http://www.healthcare.gov)
2. Healthcare Common Procedure Coding System (HCPCS). Centers for Medicare & Medicaid Services. Accessed December 4, 2025. [www.cms.gov](http://www.cms.gov)

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.