

Payment Policy: Billing Requirements for DME NOC and Miscellaneous Codes

Reference Number: DE.PP.007

[Revision Log](#)

[Coding Implications](#)

Date of Last Revision: 08/2024

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Disclaimer

Delaware First Health payment policy is intended to service only as a general reference resource regarding coverage for services described. The policy does not constitute medical advice or intended to govern or otherwise influence medical advice.

Purpose

This policy outlines Delaware First Health billing guidelines for **NOC (Not Otherwise Classified)** and **Miscellaneous** codes.

Definitions

Delaware First Health (DFH)-Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Delaware First Health members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Delaware First Health currently services Delaware Medicaid: Diamond State Health Plan (DSHP), Delaware Healthy Children Program (DHCP), and Diamond State Health Plan Plus (DSHP)LTSS members.

NOC Codes- Not Otherwise Classified (NOC) represents a list of durable medical equipment codes with a narrative description that indicates miscellaneous. It is appropriate to use a NOC code if HCPCS Level II code or CPT codes are not available that describes the service.

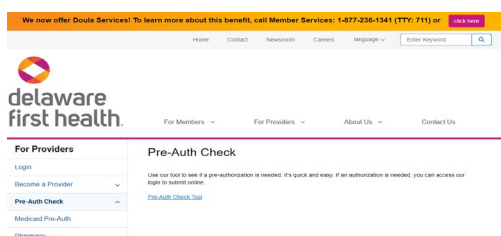
DME NOC Code Billing Guidelines

When billing a claim with DME NOC codes (see Appendix A for the approved list of DME NOC codes):

- Submit DME NOC codes on a paper CMS 1500 claim.
- An invoice, including MSRP pricing, is required.
- Claims submitted without the invoice will be denied, EXLK – INVOICE IS MISSING/INVALID FOR PRICING.

Authorization Requirement

- Refer to the Pre-Auth Check Tool on delawarefirsthealth.com for the most current information on authorization requirements. See Appendix A for DME NOC codes that require an authorization.



PAYMENT POLICY

Respite Care: LTSS

Reimbursement

DFH will reimburse participating providers for DME NOC codes at Invoice Code + 25%.

Post-payment Audit Statement

All claims are subject to a post-pay audit by Delaware First Health at any time pursuant to the terms of your provider agreement.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

APPENDIX A

Procedure Code	Description	Authorization Requirement
A4335	Incontinence supply; miscellaneous	
A4913	Miscellaneous dialysis supplies, not otherwise specified	
A6512	Compression burn garment, not otherwise classified	
A6549	Gradient compression stocking/sleeve, not otherwise specified	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components, and electronics, not otherwise classified	Authorization Required
A9280	Alert or alarm device, not otherwise classified	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Authorization Required
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Authorization Required
B9998	NOC for enteral supplies	
B9999	NOC for parenteral supplies	
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0625	Patient lift, bathroom, or toilet, not otherwise classified	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1699	Dialysis equipment, not otherwise specified	
E2599	Accessory for speech generating device, not otherwise classified	

PAYMENT POLICY

Respite Care: LTSS

K0108	Wheelchair component or accessory, not otherwise specified	Authorization Required
K0812	Power operated vehicle, not otherwise classified	
K0898	Power wheelchair, not otherwise classified	
L0999	Addition to spinal orthosis, not otherwise specified	
L1499	Spinal orthosis, not otherwise specified	
L2999	Lower extremity orthoses, not otherwise specified	
L3649	Orthopedic shoe, modification, addition, or transfer, not otherwise specified	
L3999	Upper limb orthosis, not otherwise specified	Authorization Required
L5999	Lower extremity prosthesis, not otherwise specified	Authorization Required
L7499	Upper extremity prosthesis, not otherwise specified	
L8039	Breast prosthesis, not otherwise specified	Authorization Required
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	
L8499	Unlisted procedure for miscellaneous prosthetic services	Authorization Required
L8608	Miscellaneous external component, supply, or accessory for use with the Argus ii retinal prosthesis system	
L8698	Miscellaneous component, supply, or accessory for use with total artificial heart system	
L8699	Prosthetic implant, not otherwise specified	Authorization Required
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	
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	
Q4050	Cast supplies, for unlisted types and materials of casts	
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	
S8189	Tracheostomy supply, not otherwise classified	
S8301	Infection control supplies, not otherwise specified	
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Authorization Required
T2028	Specialized supply, not otherwise specified, waiver	Authorization Required
T2029	Specialized medical equipment, not otherwise specified, waiver	Authorization Required
T5999	Supply, not otherwise specified	

PAYMENT POLICY

Respite Care: LTSS

V2199	Not otherwise classified, single vision lens	
V2799	Vision item or service, miscellaneous	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	
V5274	Assistive listening device, not otherwise specified	
V5287	Assistive listening device, personal FM/dm receiver, not otherwise specified	
V5298	Hearing aid, not otherwise classified	

Revision History	
8/19/2024	Initial Policy Draft

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

PAYMENT POLICY

Respite Care: LTSS

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.