DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT

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WHEELCHAIR CODES

Effective for dates of service on or after January 1, 2007, Missouri Medicaid is implementing changes to wheelchair coding based on recent Medicare initiatives.

Missouri Medicaid will cover the wheelchair codes listed in Attachment A. Providers must use the procedure codes listed in Attachment A for all new prior authorization requests and initial certificates of medical necessity sent to Missouri Medicaid on or after January 1, 2007.

Wheelchair procedure codes listed in Attachment B may continue to be used for wheelchairs furnished on a rental basis that began prior to January 1, 2007; for wheelchairs prior authorized before January 1, 2007; and for wheelchairs provided prior to January 1, 2007. Coverage of these codes will be terminated January 1, 2008.

RENT-TO-PURCHASE

The Medicaid maximum allowable reimbursement rates for the codes in Attachment A have been set to reflect Medicare's maximum allowable purchase price. Effective for dates of service on or after January 1, 2007, Missouri Medicaid will no longer add an additional 12% of the maximum allowable purchase price to the final rental payment for wheelchair codes listed in this attachment.

MEDICAID MAXIMUM ALLOWABLE FOR E1161

Effective for dates of service on or after January 1, 2007, Missouri Medicaid will implement a maximum allowable reimbursement of $2,366.09 for procedure code E1161 NU. Services that were authorized prior to January 1, 2007 will be reimbursed the lesser of the provider's billed charge or the amount authorized.

ORTHOTIC DEVICE REPAIR

Effective December 1, 2006, procedure code L4205 RP (repair) will be reimbursed at $10.50 per unit (15 minutes).

OSTOMY SUPPLY

The maximum quantity for procedure code A4425 NU (Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter, two piece system,each) has been increased to allow a maximum of 20 per month.

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Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

ATTACHMENT A

CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE	**PURCHASE PRICE
E1161	NU	PA	$2,366.09	
E1161	RP	CMN	MP	
E1161	RR	PA	$197.16	
E1229	NU	PA	MP	
E1229	RP	CMN	MP	
E1229	RR	PA	MP	
E1231	NU	PA	MP	
E1231	RP	CMN	MP	
E1232	NU	PA	MP	
E1232	RP	CMN	MP	
E1233	NU	PA	MP	
E1233	RP	CMN	MP	
E1234	NU	PA	MP	
E1234	RP	CMN	MP	
E1235	NU	PA	MP	
E1235	RP	CMN	MP	
E1236	NU	PA	MP	
E1236	RP	CMN	MP	
E1237	NU	PA	MP	
E1237	RP	CMN	MP	
E1238	NU	PA	MP	
E1238	RP	CMN	MP	
E1239	NU	PA	MP	
E1239	RP	CMN	MP	
E1239	RR	PA	MP	
*K0001	NU	not covered		
K0001	RP	CMN	MP	
K0001	RR	CMN	$46.61	$559.34
*K0002	NU	not covered		
K0002	RP	CMN	MP	
K0002	RR	CMN	$71.60	$859.22
*K0003	NU	not covered		
K0003	RP	CMN	MP	
K0003	RR	CMN	$77.53	$930.30
*K0004	NU	not covered		
K0004	RP	CMN	MP	
K0004	RR	CMN	$116.94	$1,403.22
K0005	NU	CMN	$1,848.76	
K0005	RP	CMN	MP	
K0005	RR	CMN	$184.86	
*K0006	NU	not covered		
K0006	RP	CMN	MP	
K0006	RR	CMN	$109.73	$1,316.81
*K0007	NU	not covered		
K0007	RP	CMN	MP	
K0007	RR	CMN	$156.19	$1,874.25

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CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE	**PURCHASE PRICE
K0009	NU	CMN	MP	
K0009	RP	CMN	MP	
K0800	NU	PA	$1,292.77	
K0800	RP	CMN	MP	
K0800	RR	PA	$107.73	
K0801	NU	PA	$2,084.22	
K0801	RP	CMN	MP	
K0801	RR	PA	$173.68	
K0802	NU	PA	$2,358.66	
K0802	RP	CMN	MP	
K0802	RR	PA	$196.55	
K0806	NU	PA	$1,563.91	
K0806	RP	CMN	MP	
K0806	RR	PA	$130.32	
K0807	NU	PA	$2,373.05	
K0807	RP	CMN	MP	
K0807	RR	PA	$197.75	
K0808	NU	PA	$3,671.60	
K0808	RP	CMN	MP	
K0808	RR	PA	$305.96	
K0812	NU	PA	MP	
K0812	RP	CMN	MP	
K0813	NU	PA	$2,412.40	
K0813	RP	CMN	MP	
K0813	RR	PA	$201.03	
K0814	NU	PA	$3,087.80	
K0814	RP	CMN	MP	
K0814	RR	PA	$257.32	
K0815	NU	PA	$3,516.30	
K0815	RP	CMN	MP	
K0815	RR	PA	$293.03	
K0816	NU	PA	$3,367.40	
K0816	RP	CMN	MP	
K0816	RR	PA	$280.62	
K0820	NU	PA	$2,576.60	
K0820	RP	CMN	MP	
K0820	RR	PA	$214.72	
K0821	NU	PA	$3,307.70	
K0821	RP	CMN	MP	
K0821	RR	PA	$275.64	
K0822	NU	PA	$4,008.10	
K0822	RP	CMN	MP	
K0822	RR	PA	$334.01	
K0823	NU	PA	$4,023.70	
K0823	RP	CMN	MP	
K0823	RR	PA	$335.31	
K0824	NU	PA	$4,842.70	

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CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE	**PURCHASE PRICE
K0824	RP	CMN	MP	
K0824	RR	PA	$403.56	
K0825	NU	PA	$4,229.60	
K0825	RP	CMN	MP	
K0825	RR	PA	$352.47	
K0826	NU	PA	$6,269.30	
K0826	RP	CMN	MP	
K0826	RR	PA	$522.44	
K0827	NU	PA	$4,809.30	
K0827	RP	CMN	MP	
K0827	RR	PA	$400.78	
K0828	NU	PA	$6,908.20	
K0828	RP	CMN	MP	
K0828	RR	PA	$575.68	
K0829	NU	PA	$6,011.80	
K0829	RP	CMN	MP	
K0829	RR	PA	$500.98	
K0835	NU	PA	$4,132.30	
K0835	RP	CMN	MP	
K0835	RR	PA	$344.36	
K0836	NU	PA	$4,207.50	
K0836	RP	CMN	MP	
K0836	RR	PA	$350.63	
K0837	NU	PA	$4,842.70	
K0837	RP	CMN	MP	
K0837	RR	PA	$403.56	
K0838	NU	PA	$4,372.20	
K0838	RP	CMN	MP	
K0838	RR	PA	$364.35	
K0839	NU	PA	$6,269.30	
K0839	RP	CMN	MP	
K0839	RR	PA	$522.44	
K0840	NU	PA	$9,498.30	
K0840	RP	CMN	MP	
K0840	RR	PA	$791.53	
K0841	NU	PA	$4,318.60	
K0841	RP	CMN	MP	
K0841	RR	PA	$359.88	
K0842	NU	PA	$4,318.60	
K0842	RP	CMN	MP	
K0842	RR	PA	$359.88	
K0843	NU	PA	$5,199.60	
K0843	RP	CMN	MP	
K0843	RR	PA	$433.30	
K0848	NU	PA	$5,433.60	
K0848	RP	CMN	MP	
K0848	RR	PA	$452.80	

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ATTACHMENT A

CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE	**PURCHASE PRICE
K0849	NU	PA	$5,080.70	
K0849	RP	CMN	MP	
K0849	RR	PA	$423.39	
K0850	NU	PA	$6,139.90	
K0850	RP	CMN	MP	
K0850	RR	PA	$511.66	
K0851	NU	PA	$5,741.40	
K0851	RP	CMN	MP	
K0851	RR	PA	$478.45	
K0852	NU	PA	$7,082.60	
K0852	RP	CMN	MP	
K0852	RR	PA	$590.22	
K0853	NU	PA	$7,275.60	
K0853	RP	CMN	MP	
K0853	RR	PA	$606.30	
K0854	NU	PA	$9,638.60	
K0854	RP	CMN	MP	
K0854	RR	PA	$803.22	
K0855	NU	PA	$9,105.10	
K0855	RP	CMN	MP	
K0855	RR	PA	$758.76	
K0856	NU	PA	$5,672.30	
K0856	RP	CMN	MP	
K0856	RR	PA	$472.69	
K0857	NU	PA	$5,786.00	
K0857	RP	CMN	MP	
K0857	RR	PA	$482.17	
K0858	NU	PA	$7,037.60	
K0858	RP	CMN	MP	
K0858	RR	PA	$586.47	
K0859	NU	PA	$6,538.10	
K0859	RP	CMN	MP	
K0859	RR	PA	$544.84	
K0860	NU	PA	$10,054.10	
K0860	RP	CMN	MP	
K0860	RR	PA	$837.84	
K0861	NU	PA	$5,681.40	
K0861	RP	CMN	MP	
K0861	RR	PA	$473.45	
K0862	NU	PA	$7,037.60	
K0862	RP	CMN	MP	
K0862	RR	PA	$586.47	
K0863	NU	PA	$10,054.10	
K0863	RP	CMN	MP	
K0863	RR	PA	$837.84	
K0864	NU	PA	$12,567.50	
K0864	RP	CMN	MP	

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CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE	**PURCHASE PRICE
K0864	RR	PA	$1,047.29	
K0868	NU	PA	MP	
K0868	RP	CMN	MP	
K0869	NU	PA	MP	
K0869	RP	CMN	MP	
K0870	NU	PA	MP	
K0870	RP	CMN	MP	
K0871	NU	PA	MP	
K0871	RP	CMN	MP	
K0877	NU	PA	MP	
K0877	RP	CMN	MP	
K0878	NU	PA	MP	
K0878	RP	CMN	MP	
K0879	NU	PA	MP	
K0879	RP	CMN	MP	
K0880	NU	PA	MP	
K0880	RP	CMN	MP	
K0884	NU	PA	MP	
K0884	RP	CMN	MP	
K0885	NU	PA	MP	
K0885	RP	CMN	MP	
K0886	NU	PA	MP	
K0886	RP	CMN	MP	
K0890	NU	PA	MP	
K0890	RP	CMN	MP	
K0891	NU	PA	MP	
K0891	RP	CMN	MP	
K0898	NU	PA	MP	
K0898	RP	CMN	MP	

*rent-to-purchase only item
**purchase price for rent-to-purchase only items

NOTE: Reference the Health Care Procedure Coding System National Level II Book for code descriptions

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ATTACHMENT B

CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE
E1050	NU	CMN	$905.00
E1050	RP	CMN	MP
E1050	RR	CMN	$101.84
E1060	NU	CMN	$1,095.00
E1060	RP	CMN	MP
E1060	RR	CMN	$115.07
E1070	NU	CMN	$985.00
E1070	RP	CMN	MP
E1070	RR	CMN	$109.53
E1083	NU	CMN	$750.00
E1083	RP	CMN	MP
E1083	RR	CMN	$77.10
E1084	NU	CMN	$955.00
E1084	RP	CMN	MP
E1084	RR	CMN	$115.00
E1085	NU	CMN	$615.00
E1085	RP	CMN	MP
E1085	RR	CMN	$74.00
E1086	NU	CMN	$820.00
E1086	RP	CMN	MP
E1086	RR	CMN	$98.00
E1087	NU	CMN	$1,290.36
E1087	RR	CMN	$107.53
E1088	NU	CMN	$1,700.00
E1088	RP	CMN	MP
E1088	RR	CMN	$119.00
E1089	NU	CMN	$1,182.48
E1089	RR	CMN	$98.54
E1090	NU	CMN	$1,525.00
E1090	RP	CMN	MP
E1090	RR	CMN	$107.00
E1092	NU	CMN	$1,420.00
E1092	RP	CMN	MP
E1092	RR	CMN	$109.23
E1093	NU	CMN	$1,295.00
E1093	RP	CMN	MP
E1093	RR	CMN	$99.66
E1100	NU	CMN	$1,245.72
E1100	RR	CMN	$103.81
E1110	NU	CMN	$1,219.92
E1110	RR	CMN	$101.66
E1130	NU	CMN	$350.00
E1130	RP	CMN	MP
E1130	RR	CMN	$42.00
E1140	NU	CMN	$550.00
E1140	RP	CMN	MP

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ATTACHMENT B

CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE
E1140	RR	CMN	$66.00
E1150	NU	CMN	$650.00
E1150	RP	CMN	MP
E1150	RR	CMN	$65.00
E1160	NU	CMN	$580.00
E1160	RP	CMN	MP
E1160	RR	CMN	$55.26
E1170	NU	CMN	$960.00
E1170	RR	CMN	$80.00
E1171	NU	CMN	$960.00
E1171	RR	CMN	$80.00
E1172	NU	CMN	$999.12
E1172	RR	CMN	$83.26
E1180	NU	CMN	$1,033.68
E1180	RR	CMN	$86.14
E1190	NU	CMN	$1,404.84
E1190	RR	CMN	$117.07
E1195	NU	CMN	$1,507.56
E1195	RR	CMN	$125.63
E1200	NU	CMN	$887.52
E1200	RR	CMN	$73.96
E1220	NU	PA	MP
E1220	RP	CMN	MP
E1225	NU	PA	$316.68
E1227	NU	CMN	$277.50
E1230	NU	PA	$2,250.60
E1230	RP	CMN	MP
E1230	RR	PA	MP
E1240	NU	CMN	$1,710.00
E1240	RP	CMN	MP
E1240	RR	CMN	$91.00
E1250	NU	CMN	$1,245.00
E1250	RP	CMN	MP
E1250	RR	CMN	$116.00
E1260	NU	CMN	$1,200.00
E1260	RP	CMN	MP
E1260	RR	CMN	$120.00
E1270	NU	CMN	$1,036.00
E1270	RP	CMN	MP
E1270	RR	CMN	$78.94
E1280	NU	CMN	$1,532.52
E1280	RR	CMN	$127.71
E1285	NU	CMN	$1,457.64
E1285	RR	CMN	$121.47
E1290	NU	CMN	$2,042.32
E1290	RR	CMN	$170.19

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ATTACHMENT B

CODE	MODIFIER	REIMBURSEMENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE
E1295	NU	CMN	$1,457.64
E1295	RR	CMN	$121.47
K0010	NU	PA	$4,104.80
K0010	RP	CMN	MP
K0010	RR	PA	$410.48
K0011	NU	PA	MP
K0012	NU	PA	MP
K0014	NU	PA	MP

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