Missouri Department of SOCIAL SERVICES
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MoHealthNet

PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT

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PROSTHETIC DEVICE REPAIR

Effective for dates of service on or after December 1, 2008, procedure code L7520 RP, repair prosthetic device, labor component, per 15 minutes must be used for prosthetic repair. Reimbursement will be $10.50 per unit (15 minutes). A Certificate of Medical Necessity will be required.

Coverage for procedure code L7500 RP, repair of prosthetic device, hourly rate will be terminated January 1, 2009.

MO HEALTNET MAXIMUM ALLOWABLE FOR ORTHOTICS AND PROSTHETICS

Effective for dates of service on or after December 1, 2008, MO HealthNet will make the following reimbursement changes in accordance with current Medicare reimbursement guidelines:

Proc Code	Mod	Mod	Description	MHD Max Allowable	Reimbursement Guidelines
L0112	NU	EP	CRANIAL CERVICAL ORTHOSIS	$1,201.01	PA
L0861	NU		HALO REPL LINER/INTERFACE	$184.93	PA
L2034	NU		KAFO PLA SIN UP W/WO K/A CUS	$1,779.81	MN
L2232	NU		ADDITION TO LOWER EXTREMITY ORTHOSIS ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	$83.76	MN
L2387	NU		ADD LE POLY KNEE CUSTOM KAFO	$133.44	MN

Proc Code	Mod	Mod	Description	MHD Max Allowable	Reimbursement Guidelines
L3330	NU		LIFT ELEVATION METAL EXTENSION (SKATE)	$485.63	MN
L3671	NU		SO CAP DESIGN W/O JNTS CF	$703.67	MN
L3672	NU		SO AIRPLANE W/O JNTS CF	$875.10	MN
L3673	NU		SO AIRPLANE W/JOINT CF	$953.76	MN
L3702	NU		EO W/O JOINTS CF	$225.52	MN
L3763	NU		EWHO RIGID W/O JNTS CF	$554.43	MN
L3764	NU		EWHO W/JOINT(S) CF	$582.94	MN
L3765	NU		EWHFO RIGID W/O JNTS CF	$1,001.39	MN
L3766	NU		EWHFO W/JOINT(S) CF	$1,060.39	MN
L3905	NU		WHO W/NONTORSION JNT(S) CF	$352.09	MN
L3913	NU		HFO W/O JOINTS CF	$211.51	MN
L3915	NU		WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) ELASTIC BANDS TURNBUCKLES MAY INCLU	$415.15	MN
L3919	NU		HO W/O JOINTS CF	$211.51	MN
L3921	NU		HFO W/JOINT(S) CF	$250.84	MN
L3927	NU		FO PIP/DIP W/O JOINT/SPRING	$27.33	MN
L3933	NU		FO W/O JOINTS CF	$166.63	MN
L3935	NU		FO NONTORSION JOINT CF	$172.54	MN
L3961	NU		SEWHO CAP DESIGN W/O JNTS CF	$1,312.10	MN
L3967	NU		SEWHO AIRPLANE W/O JNTS CF	$1,549.15	MN
L3971	NU		SEWHO CAP DESIGN W/JNT(S) CF	$1,470.48	MN
L3973	NU		SEWHO AIRPLANE W/JNT(S) CF	$1,549.15	MN
L3975	NU		SEWHFO CAP DESIGN W/O JNT CF	$1,312.10	MN
L3976	NU		SEWHFO AIRPLANE W/O JNTS CF	$1,312.10	MN
L3977	NU		SEWHFO CAP DESGN W/JNT(S) CF	$1,470.48	MN
L3978	NU		SEWHFO AIRPLANE W/JNT(S) CF	$1,549.15	MN
L5685	NU		ADDITION TO BELOW KNEE PROSTHESIS SUSPENSION/SEALING SLEEVE	$110.14	MN
L5703	NU		SYMES ANKLE W/O (SACH) FOOT	$1,807.20	MN
L5971	NU		SACH FOOT REPLACEMENT	$180.13	MN

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Proc Code	Mod	Mod	Description	MHD Max Allowable	Reimbursement Guidelines
L6621	NU		FLEX/EXT WRIST W/WO FRICTION	$1,966.61	MN
L6677	NU		UE TRIPLE CONTROL HARNESS	$255.03	MN
L6694	NU		ADDITION FOR BELOW ELBOW/ABOVE ELBOW CUSTOM	$643.50	PA
L6695	NU		ADDITON FOR BELOW ELBOW/ABOVE ELBOW CUSTOM	$536.24	PA
L6696	NU		ADDITION FOR BELOW ELBOW/ABOVE ELBOW CUSTOM	$1,130.94	PA
L6697	NU		ADDITION FOR BELOW ELBOW/ABOVE ELBOW CUSTOM	$1,130.94	PA
L6698	NU		ADDITION FOR BELOW ELBOW/ABOVE ELBOW CUSTOM	$569.72	PA
L6883	NU		REPLC SOCKT BELOW E/W DISA	$1,777.20	MN
L6884	NU		REPLC SOCKT ABOVE ELBOW DISA	$2,285.88	MN
L6885	NU		REPLC SOCKT SHLDR DIS/INTERC	$2,760.02	MN
L7400	NU		ADD UE PROST BE/WD ULTLITE	$263.52	MN
L7401	NU		ADD UE PROST A/E ULTLITE MAT	$295.00	MN
L7402	NU		ADD UE PROST S/D ULTLITE MAT	$318.59	MN
L7403	NU		ADD UE PROST B/E ACRYLIC	$316.62	MN
L7404	NU		ADD UE PROST A/E ACRYLIC	$477.08	MN
L7405	NU		ADD UE PROST S/D ACRYLIC	$624.99	MN
L7611	NU	EP	PED TERM DEV HOOK VOL OPEN	$578.07	MN
L7612	NU	EP	PED TERM DEV HOOK VOL CLOS	$1,064.32	MN

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Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/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 Bulletin page.

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

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

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

Provider Communications Hotline
573-751-2896

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