



MISSOURI
DIVISION OF MEDICAL SERVICES

Volume 26 Number 3

http://www.dss.mo.gov/dms

March 08, 2004

DURABLE MEDICAL EQUIPMENT (DME) BULLETIN

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. http://www.dss.mo.gov/dms/pages/bulletins.htm Please note new website address.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

DIABETIC SUPPLIES AND EQUIPMENT

Effective March 6, 2004, all diabetic supplies and equipment (see attachment A for specific codes) will no longer be covered under the Durable Medical Equipment program. Diabetic testing supplies and equipment will be reimbursed through the Pharmacy Program, via the Point-of-Sale system or on a paper claim form. DME-only providers may continue to bill for diabetic supplies and equipment, but will be required to bill on a pharmacy paper claim form. Pharmacy paper claim forms and important detailed information regarding covered diabetic supplies are available on the Medicaid website: www.dss.mo.gov/dms. Further information regarding diabetic supply changes can be found in the Pharmacy Bulletin Volume 26, No. 2, dated March 4, 2004.

Claims for approved insulin pumps and pump supplies, billed for date-of-service March 6, 2004 and after, must be billed through the pharmacy program. These claims must be submitted on a HCFA-1500 claim form, with the appropriate HCPCS code, UB service modifier, and 62 (DME) provider number. Important detailed billing information will be available on the DMS website, [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

If you have any questions or require additional information, please call the Missouri Medicaid Pharmacy Administration Unit at 573 751-6963.

**Provider Communications**

**(800) 392-0938**

**or**

**(573) 751-2896**

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ATTACHMENT A**DIABETIC SUPPLIES AND EQUIPMENT CODES NO LONGER BILLED THROUGH THE DME PROGRAM (EFFECTIVE MARCH 6,2004)**

- A4210 – Needle-free injection device
- A4230 – Infusion set for external insulin pump, needle type
- A4231 – Infusion set for external insulin pump, needle type
- A4232 – Syringe with needle for external insulin pump, sterile, 3cc
- A4244 – Alcohol or peroxide
- A4245 – Alcohol wipes
- A4246 – Betadine or Phisohex solution
- A4250 – Urine test or reagent strips or tablets
- A4253 – Blood glucose test or reagent strips for home blood glucose monitor
- A4254 – Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient.
- A4255 – Platforms, for home blood glucose monitor
- A4256 – Normal, low and high calibrator solution/chips
- A4257 – Replacement lens shield cartridge for use with laser skin piercing device, each
- A4258 – Spring-powered device for lancet
- A4259 – Lancets, per box of 100
- A4632 – Replacement battery for external infusion pump, any type
- A5119 – Skin prep wipes
- A6257 – Transparent film, 16 sq. in or less
- E0607 – Home blood glucose monitor
- E0620 – Skin piercing device for collection of capillary blood, laser
- E0784 – External ambulatory infusion pump, insulin
- E2100 – Blood glucose monitor with integrated voice synthesizer
- E2101 – Blood glucose monitor with integrated lancing/blood sample
- K0552 – Supplies for external drug infusion pump, syringe type cartridge, sterile
- S5560 – Insulin delivery device reusable pen; 1.5 ml
- S5561 – Insulin delivery device reusable pen; 3 ml size