



MISSOURI
DIVISION OF MEDICAL SERVICES

Volume 26 Number 1

www.dss.mo.gov/dms

September 30, 2003

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 address www.dss.mo.gov/dms. 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.

**HIPAA**

To prepare for the October 16, 2003 implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) national standards, the Division of Medical Services (DMS) has redefined, in some areas, how Durable Medical Equipment (DME) providers *must* bill for services. HIPAA mandates the use of standard HCPCS code sets; however, it does *not* require states to add coverage for services that it does *not* currently cover. **Providers should continue to use the Level III codes until further notice, unless stated otherwise in this bulletin.**

Billing providers wishing to exchange electronic transactions with DMS may now view the X12N Version 4010 Companion Guide on DMS' web page at [www.medicaid.state.mo.us](http://www.medicaid.state.mo.us). To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010 Companion Guide. For information on the Missouri Medicaid Trading Partner Agreements, select Section 1 - Getting Started; select Trading Partner Registration. All questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at (573) 635-3559.

**TYPE OF SERVICE/MODIFIERS**

Effective October 16, 2003, the types of service A, T and 0 (zero) will no longer be valid under HIPAA standards. Type of service must **not** be included on any type of claim submission on or after October 16, 2003 **regardless of the date of service being billed.** If there is a Medical Necessity (MN), Oxygen and Respiratory Equipment Medical Justification (OREMJ) form, or Prior Authorization (PA), under the A, T or 0, types of service, providers must still use the new code and/or modifier to bill the item that was approved. Providers **do not** have to submit a change request to correct the approved PA or submit a new attachment.

**Modifier****Definition**

NU (Replaces TOS A)	New equipment
RP (Replaces TOS 0)	Replacement and Repair
RR (Replaces TOS T)	Rental

**OSTOMY SUPPLIES**

A Medicaid maximum allowed fee has been established for those ostomy supply codes that are currently manually priced effective October 16, 2003, with the exception of A4421, K0585, K0586 and K0590. These four codes will continue to be manually priced at the provider's cost plus 20%, and an invoice showing cost will continue to be required (See Attachment A for new allowed amounts and quantity limitations).

Ostomy supplies are covered for recipients with the following diagnoses only: V44.2 - Ileostomy Status, V44.3 - Colostomy Status, V44.6 - Status of Other Artificial Opening of the Urinary Tract, V55.2 - Attention to Ileostomy, V55.3 - Attention to Colostomy and V55.6 - Attention to Other Artificial Opening of the Urinary Tract.

**QUANTITY LIMITATIONS**

Effective October 16, 2003, quantity limitations have been set for many codes covered under the DME program. For quantities in excess of the allowed amount, justification from the

physician in letter form must be submitted along with the claim. Please refer to the attachments to this bulletin for specific quantity limitations and restrictions.

### **DIABETIC SUPPLIES**

Effective October 16, 2003, the valid diagnoses codes for diabetic supplies are; 250.00 through 250.93, 648.80 and 648.83.

All approved PA requests for Insulin Pump supplies (A4222) will be changed with a **to** date of October 15, 2003. For dates of service October 16, 2003, and thereafter, providers must bill the specific code for the supplies being dispensed. Prior Authorization will no longer be required.

Level III codes, Y0018, Y0019, Y0020 and Y0021 will be invalid codes effective October 16, 2003. Level III code Y9095, alcohol wipes is being replaced with A4244 and A4245. (See Attachment C for the covered codes, allowed amount and quantity limitations.)

### **ENTERAL NUTRITION PUMP/SUPPLIES AND IV DRUG THERAPY PUMP/SUPPLIES**

Effective October 16, 2003, providers must use either codes B9000 EP BA or B9002 EP BA to bill for the enteral nutrition infusion pump, E0781 will no longer be used. The allowed amount has been changed to the Medicare allowed amount but added to our system as a daily rate instead of a monthly rate. When billing, providers must remember to enter a **from** and **to** date of service. (See Attachment B for covered codes, allowed amounts, billing instructions and quantity limitations.) Effective October 16, 2003 the Medical Necessity form does not have to be submitted prior to or with the claim for payment. Providers must keep on file the MN form that justifies the medical need and quantity of the items being billed.

Effective October 16, 2003, E0781 EP will be used to bill for a drug infusion pump. The allowed amount has been changed to the Medicare monthly-allowed amount, but added to our system as a daily rate. Codes A4222 EP or A4221 EP will be used to bill for supplies. (See Attachment B for the covered codes, allowed amounts, billing instructions and quantity limitations.)

Level III codes, Y9058 and Y9077 will be invalid codes effective October 16, 2003.

Providers are reminded that nutrition and IV drug therapy are only covered under the DME program for recipients 20 and under.

### **REPAIR/REPLACEMENT**

TOS 0 is being replaced with the modifier RP. Providers should use the specific item code when billing for the repair or replacement of a part plus the RP modifier. For equipment that does not have a specific code, use the repair Level III code Z0160 and the modifier RP. The Level III code, Z0160 will remain in effect until such time as a Level II replacement code can be identified.

### **EQUIPMENT, WHEELCHAIR and HCY ADDITIONS**

Several new codes have been added for coverage effective October 16, 2003. Refer to Attachment D for the specific codes, billing guidelines and reimbursement amounts for the HCY additions and Attachment E for the wheelchair and equipment additions.

**LEVEL III CODES**

Effective October 16, 2003, the following Level III Codes will no longer be used. Providers must select the appropriate Level II Code to bill for these items: Y0018, Y0019, Y0021, Y9095, Y9057, Y9058, Y9077, Z0077, Z0078, Z0991, Z1036, Z1094 and Z1095.

**Provider Communications**

**(800) 392-0938  
or  
(573) 751-2896**

**ARCHIVED**

Attachment A**Ostomy**

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
A4331		\$3.18
A4357	2 per month	\$9.70
A4361	3 per 6 months	\$15.61
A4362	20 per month	\$3.46
A4364	4 per month	MP
A4367	1 per month	\$7.35
A4368		\$.26
A4369	2 per month	\$2.06
A4371	10 per 6 months	\$3.60
A4372		\$4.18
A4373		\$6.28
A4375		\$17.18
A4376		\$47.58
A4377	10 per month	\$4.29
A4378		\$30.75
A4379		\$15.02
A4380		\$37.33
A4381	10 per month	\$4.61
A4382		\$24.62
A4383		\$28.19
A4384		\$9.62
A4385		\$5.10
A4387		\$3.97
A4388		\$4.36
A4389		\$6.22
A4390		\$9.61
A4391		\$6.99
A4392		\$6.57
A4393		\$9.07
A4396		\$40.48
A4397	4 per month	\$4.79
A4398	2 per 6 months	\$13.81
A4399	2 per 6 months	\$10.42
A4400		\$45.32
A4402	4 per month	\$1.53
A4404	10 per month	\$1.69
A4405	4 per month	\$3.40
A4406	4 per month	\$5.74
A4414	20 per month	\$4.93
A4415	20 per month	\$6.00
A4450	40 per month	\$.09
A4452	40 per month	\$.36

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
A5051	60 per month	\$2.29
A5052	60 per month	\$1.65
A5053	60 per month	\$1.74
A5054	60 per month	\$1.67
A5055	31 per month	\$1.44
A5061		\$2.63
A5062	20 per month	\$2.20
A5063	20 per month	\$2.21
A5071	20 per month	\$4.30
A5072	20 per month	\$3.52
A5073	20 per month	\$3.15
A5081	31 per month	\$3.30
A5082	1 per month	\$10.87
A5093	10 per month	\$1.95
A5102	2 per 6 months	\$22.58
A5119	3 per 6 months	\$10.85
A5121	20 per month	\$7.46
A5122	20 per month	\$12.85
A5126	20 per month	\$1.32
A6216	60 per month	\$.05

**MP = Manually Priced**

ARCHIVED

Attachment B

**Enteral and IV Therapy Pumps and Supplies**

Procedure Code	Reimbursement Guidelines/ Quantity Limit	Medicaid Maximum Allowed Amount
<b>ENTERAL</b>		
A5200 EP BA		\$11.30 each
B4034 EP BA	1 per day	\$5.66 each
B4035 EP BA	1 per day	\$10.79 each
B4036 EP BA	1 per day	\$7.39 each
B4081 EP BA	1 per month	\$20.00 each
B4082 EP BA	1 per month	\$14.89 each
B4083 EP BA	1 per month	\$2.27 each
B4086 EP BA	1 every 3 months	\$33.02 each
B9000 EP BA NU		\$3.47per day
B9002 EP BA NU		\$3.47per day
B9998 EP BA	Invoice of Cost	MP
E0776 EP BA NU	Purchase	\$94.33 each
E0776 EP BA RR	Rental	\$15.85 per month
<b>IV DRUG</b>		
A4221 EP NU	1 per week	\$22.26 each
A4222 EP NU		\$44.17 per cassette or bag
E0781 EP NU	Rental	\$8.82 per day
E0776 EP NU	Purchase	\$ 94.33 each
E0776 EP RR	Rental	\$15.85 per month

**MP = Manually Priced**

**EP = Service provided as part of Medicaid early periodic screening, diagnosis, and treatment (EPSDT) program**

**NU = New Equipment (Replaces TOS A)**

**BA = Item furnished in conjunction with parenteral enteral nutrition (PEN) services**

**RR = Rental (Replaces TOS T)**

Attachment C**Diabetic Supplies**

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
A4246		\$3.31
A4230		10.00 per set
A4231	Invoice of Cost	MP
A4232		\$2.65
A4244	1 per month	\$2.84
A4245	1 box per month	\$1.00
A4257		\$12.75
A4632	3 batteries per month	\$.78
E0620	PA & Invoice of Cost	MP
E2101	PA	\$188.56
A5500	MN	MP
A5501	MN	MP
A5503	MN	MP
A5504	MN	MP
A5505	MN	MP
A5506	MN	MP
A5507	MN	MP

**PA = Prior Authorization**

**MN = Medical Necessity**

**MP = Manually Priced**

## Attachment D

## HCY Additions

Procedure Code	Reimbursement Guidelines/ Quantity Limit	Medicaid Maximum Allowed Amount
A4244 EP NU	1 per month	\$2.34 per pint
A4245 EP NU	1 per month	\$1.00 per box
A4246 EP NU	MN	\$3.31 per pint
A4247 EP NU	Invoice of Cost	MP
A4331 EP NU	MN	\$3.18each
A4450 EP NU	40 per month	\$.09 per 18 sq. inches
A4452 EP NU	40 per month	\$.36 per 18 sq. inches
A4462 EP NU	MN	\$3.29
A4609 EP NU	MN	\$14.30
A4610 EP NU	MN	\$22.34
A4649 EP NU	PA and IOC	MP
A4656 EP NU	MN IOC	MP
A4657 EP NU	MN IOC	MP
A4660 EP NU	MN	\$19.32
A4663 EP NU	MN and IOC	MP
A4670 EP NU	MN	\$48.02
A4930 EP NU	MN and IOC	MP
A5102 EP NU	2 per 6 months	\$22.58each
A5105 EP NU	MN	\$38.73
A5119 EP NU	3 per 6 months	\$10.85 per box of 50
A5121 EP NU	20 per month	\$7.46 each
A5122 EP NU	20 per month	\$12.85 each
A5126 EP NU	20 per month	\$1.32 each
A6000 EP NU	PA and IOC	MP
A6000 EP RR	PA and IOC	MP
A6010 EP NU	MN	\$30.96 per gram
A6216 EP NU	60 per month	\$.64 each
A6257 EP NU	MN	\$1.53 each
A6258 EP NU	MN	\$4.30 each
A6259 EP NU	MN	\$10.94 each
A6260 EP NU	MN and IOC	MP
A9270 EP NU	PA and IOC	MP
A9270 EP RR	PA and IOC	MP
A9900 EP NU	PA and IOC	MP
E0231 EP NU	PA and IOC	MP
E0231 EP RR	PA and IOC	MP
E0232 EP NU	PA and IOC	MP
E0232 EP RR	PA and IOC	MP
E0350 EP NU	PA and IOC	MP
E0350 EP RR	PA and IOC	MP
E0352 EP NU	PA and IOC	MP

Procedure Code	Reimbursement Guidelines/ Quantity Limit	Medicaid Maximum Allowed Amount
E0483 EP NU	PA	\$1,063.13
E0483 EP RR	PA	\$88.59
E0484 EP NU	MN	\$36.92
E0484 EP RR	MN	\$3.69
E0617 EP NU	PA and IOC	MP
E0701 EP NU	MN	\$155.35
E0720 EP NU	PA	\$367.58
E0730 EP NU	PA	\$362.79
E0731 EP NU	PA	\$303.19
E0744 EP NU	PA and IOC	MP
E0744 EP RR	PA and IOC	MP
E0745 EP NU	PA and IOC	MP
E0745 EP RR	PA and IOC	MP
E0747 EP NU	PA	\$3,527.21
E0747 EP RR	PA	\$350.51
E0748 EP NU	PA	\$3,504.35
E0748 EP RR	PA	\$350.43
E0760 EP NU	PA	\$2,912.05
E0760 EP RR	PA	\$291.21
A4321 EP NU	MN	MP
A4353 EP NU	MN	\$7.00
S1002 EP NU	PA and IOC	MP
S1015 EP NU	MN	MP
S8189 EP NU	MN	MP
S8190 EP NU	PA and IOC	MP
T1999 EP NU	PA and IOC	MP

**PA = Prior Authorization**

**MN = Medical Necessity**

**IOC = Invoice of Cost**

**MP = Manually Priced**

**EP = Service provided as part of Medicaid early periodic screening, diagnosis, and treatment (EPSDT) program**

**Covered only for recipients 20 years of age and under**

**NU = New Equipment (Replaces TOS A)**

**RR = Rental (Replaces TOS T)**

Attachment E**Equipment and Wheelchair Additions**

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
A4635	Repair MN	\$5.12
A4636	Repair MN	\$4.21
A4637	Repair MN	MP
E0117	Purchase MN Rental MN	\$192.71 \$19.26
E0142	Purchase MN Rental MN	\$146.18 \$22.47
E0144	Purchase MN Rental MN	\$318.45 \$31.86
E0147	Purchase MN Rental MN	\$574.81 \$57.48
E0148	Purchase MN Rental MN	\$127.05 \$12.72
E0149	Purchase MN Rental MN	\$223.20 \$22.32
E0153	Purchase MN Rental MN	\$69.38 \$7.84
E0154	Purchase MN Rental MN	\$70.51 \$8.56
E0157	Purchase MN Rental MN	\$69.63 \$7.64
E0158	Purchase MN	\$22.60
E0159	Purchase MN	\$17.87
E0167	Repair MN	\$12.00
E0168	Purchase MN Rental MN	\$150.92 \$15.17
E0175	Purchase MN Rental MN	\$56.30 \$5.63
E0256	Purchase MN Rental MN	\$788.00 \$70.85
E0261	Purchase PA Rental PA	\$1,224.00 \$116.40
E0275	Purchase MN	\$13.01
E0276	Purchase MN	\$11.31
E0291	Purchase MN Rental MN	\$428.00 \$47.03
E0292	Purchase MN Rental MN	\$853.00 \$76.21
E0293	Purchase MN Rental MN	\$661.00 \$60.78
E0294	Purchase PA Rental PA	\$1,379.00 \$111.05
E0295	Purchase PA Rental PA	\$1,097.00 \$108.25

Procedure Code	Reimbursement Guidelines/ Quantity Limit	Medicaid Maximum Allowed Amount
E0296	Purchase PA Rental PA	\$1,584.00 \$139.57
E0297	Purchase PA Rental PA	\$1,392.00 \$121.86
E0621	Purchase MN	\$81.59
E0962	Purchase MN Rental MN	\$53.73 \$5.39
E0963	Purchase MN Rental MN	\$65.11 \$6.52
E0964	Purchase MN Rental MN	\$76.51 \$7.67
E0965	Purchase MN Rental MN	\$73.06 \$7.32
E0968	Purchase MN Rental MN	\$215.26 \$17.93
E0975	Purchase MN	\$46.03
E0976	Purchase MN	\$46.46
E0980	Purchase MN	\$20.96
E1091	Purchase MN	MP
E1195	Purchase MN Rental MN	\$1,507.56 \$125.63
E1200	Purchase MN Rental MN	\$887.52 \$73.96
E1087	Purchase MN Rental MN	\$1,290.36 \$107.53
E1089	Purchase MN Rental MN	\$1,182.48 \$98.54
E1100	Purchase MN Rental MN	\$1,245.72 \$103.81
E1110	Purchase MN Rental MN	\$1,219.92 \$101.66
E1170	Purchase MN Rental MN	\$960.00 \$80.00
E1171	Purchase MN Rental MN	\$960.00 \$80.00
E1172	Purchase MN Rental MN	\$999.12 \$83.26
E1180	Purchase MN Rental MN	\$1,033.68 \$86.14
E1190	Purchase MN Rental MN	\$1,404.84 \$117.07
E1223	Purchase MN Rental MN	\$779.52 \$64.96
E1224	Purchase MN Rental MN	\$827.76 \$68.98
E1225	Purchase PA	\$316.68
E1226	Purchase PA	\$504.84
E1227	Purchase MN	\$277.50

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
E1228	Purchase MN	\$28.02
E1280	Purchase MN	\$1,532.52
	Rental MN	\$127.71
E1285	Purchase MN	\$1,457.64
	Rental MN	\$121.47
E1290	Purchase MN	\$2,042.32
	Rental MN	\$170.19
E1295	Purchase MN	\$1,457.64
	Rental MN	\$121.47
E1221	Purchase MN	\$484.56
	Rental MN	\$40.38
E1222	Purchase MN	\$799.32
	Rental MN	\$66.61
K0005	Purchase MN	\$1,848.76
	Rental MN	\$184.86
K0009	Purchase MN	MP
K0010	Purchase PA	MP
K0011	Purchase PA	MP
K0012	Purchase PA	MP
K0014	Purchase PA	MP
K0015	Purchase MN	\$181.70
K0016	Purchase MN	\$86.26
K0017	Purchase MN	\$51.11
K0018	Purchase MN	\$28.55
K0019	Purchase MN	\$17.24
K0020	Purchase MN	\$54.87
K0022	Purchase MN	\$50.22
K0023	Purchase MN	\$94.09
K0024	Purchase MN	\$111.39
K0025	Purchase MN	\$71.37
K0026	Purchase MN	\$42.43
K0027	Purchase MN	\$42.43
K0028	Purchase MN	\$463.80
K0029	Purchase MN	\$43.60
K0030	Purchase MN	\$80.88
K0031	Purchase MN	\$36.30
K0032	Purchase MN	\$41.77
K0033	Purchase MN	\$41.77
K0035	Purchase MN	\$25.54
K0037	Purchase MN	\$48.16
K0038	Purchase MN	\$24.26
K0039	Purchase MN	\$53.88
K0040	Purchase MN	\$74.67
K0041	Purchase MN	\$52.92
K0042	Purchase MN	\$30.97
K0043	Purchase MN	\$19.53

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
K0044	Purchase MN	\$16.64
K0045	Purchase MN	\$52.65
K0046	Purchase MN	\$19.53
K0047	Purchase MN	\$76.48
K0048	Purchase MN	\$99.82
K0049	Purchase MN	\$30.40
K0050	Purchase MN	\$32.50
K0051	Purchase MN	\$52.61
K0052	Purchase MN	\$92.44
K0053	Purchase MN	\$101.01
K0054	Purchase MN	\$104.64
K0055	Purchase MN	\$95.10
K0056	Purchase MN	\$95.10
K0057	Purchase MN	\$124.20
K0058	Purchase MN	\$60.37
K0060	Purchase MN	\$27.75
K0061	Purchase MN	\$39.37
K0062	Purchase MN	\$61.01
K0063	Purchase MN	\$81.46
K0064	Purchase MN	\$30.41
K0065	Purchase MN	\$44.46
K0066	Purchase MN	\$27.48
K0068	Purchase MN	\$5.88
K0069	Purchase MN	\$99.92
K0070	Purchase MN	\$183.16
K0071	Purchase MN	\$109.25
K0072	Purchase MN	\$65.76
K0074	Purchase MN	\$36.00
K0075	Purchase MN	\$41.85
K0076	Purchase MN	\$25.55
K0077	Purchase MN	\$55.79
K0078	Purchase MN	\$11.02
K0079	Purchase MN	\$69.43
K0081	Purchase MN	\$46.68
K0090	Purchase MN	\$87.40
K0091	Purchase MN	\$23.82
K0092	Purchase MN	\$278.93
K0093	Purchase MN	\$174.25
K0094	Purchase MN	\$56.78
K0095	Purchase MN	\$56.78
K0096	Purchase MN	\$314.69
K0097	Purchase MN	\$69.60
K0098	Purchase MN	\$30.30
K0099	Purchase MN	\$92.83

<b>Procedure Code</b>	<b>Reimbursement Guidelines/ Quantity Limit</b>	<b>Medicaid Maximum Allowed Amount</b>
K0102	Purchase MN	\$39.44
K0103	Purchase MN	\$43.34
K0104	Purchase MN	\$108.07
K0105	Purchase MN	\$90.45
K0106	Purchase MN	\$122.96
K0112	Purchase PA	\$210.61
K0113	Purchase PA	\$128.47
K0114	Purchase PA	\$689.77
K0115	Purchase PA	\$1,175.00
K0116	Purchase PA	\$2,175.00
K0452	Purchase MN	MP
K0460	Purchase PA	\$231.24
K0461	Purchase PA	\$1,767.69

**PA = Prior Authorization**

**MN = Medical Necessity**

**MP = Manually Priced**

**ARCHIVED**