

## PROVIDER BULLETIN

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## CURES ACT

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Effective January 1, 2018, Section 1903(i)(27) of the Social Security Act, referenced also as the 21<sup>st</sup> Century Cures Act, prohibits federal Medicaid reimbursement to states for certain durable medical equipment (DME) expenditures that are, in aggregate, in excess of what Medicare would have paid for such items. To assist in ensuring MO HealthNet's aggregate reimbursement does not exceed Medicare's aggregate reimbursement and to minimize the impact of some reimbursement changes on providers, the following changes are being implemented for the Durable Medical Equipment Program effective August 1, 2018.

### **REIMBURSEMENT RATE AND RENTAL PERIOD CHANGES**

Adjustments have been made to the reimbursement amount and/or rental period for the following procedure codes:

E0143NU, Walker, folding wheeled w/o seat	\$85.00	
E0143RR, Walker, folding wheeled w/o seat	\$8.50	10 months
E0149NU, Heavy Duty Wheeled walker	\$120.90	
E0149RR, Heavy duty wheeled walker	\$12.09	10 months
E0185NU, Gel like pressure pad for mattress	\$171.94	
E0185RR, Gel like pressure pad for mattress	\$17.19	10 months
E0431RR, Portable Gas Oxygen System	\$96.00	continuous
E0434RR, Portable Liquid Oxygen System	\$96.00	continuous

E1390RR, Oxygen Concentrator	\$75.00	continuous
E1390RRQG, Oxygen Concentrator, >4LPM with portable	\$112.50	continuous
E1390RRQF, Oxygen Concentrator >4LPM	\$112.50	continuous
K0738RR, Portable Gas Oxygen System	\$96.00	continuous
E0443NU, Portable Oxygen Contents, Gas	\$53.00	1 per month
E0444NU, Portable Oxygen Contents, Liquid	\$53.00	1 per month
E2402RR, Negative pressure wound therapy	\$639.00	
E0260NU, Hospital bed, semi electric	\$1,297.78	
E0260RR, Hospital bed, semi electric	\$58.90	22 months
E0465RR, Home invasive vent	\$1,001.46	continuous
E0465RRTW, Home invasive vent, back up	\$601.80	continuous
E0470NU, RAD w/o backup non-invasive*	\$2,330.90	
E0470RR, RAD w/o backup non-invasive	\$105.95	3 months
E0470RRKJ, RAD w/o backup non-invasive	\$105.95	19 months
E0471NU, RAD w/ backup non-invasive*	\$5,798.76	
E0471RR, RAD w/ backup non-invasive	\$263.58	3 months
E0471RRKJ, RAD w/backup non-invasive	\$263.58	19 months
E0601NU, Cont Airway Pressure Device*	\$950.16	
E0601RR, Cont Airway Pressure Device	\$39.59	3 months
E0601RRKJ, Cont airway pressure device	\$39.59	21 months
E0630NU, Patient lift hydraulic*	\$870.00	
E0630RR, Patient lift hydraulic	\$58.00	15 months
K0001NU, Standard Wheelchair*	\$541.20	
K0001RR, Standard Wheelchair	\$22.55	24 months
K0001RREP, Standard Wheelchair	\$22.55	3 months
K0003NU, Lightweight Wheelchair*	\$841.44	
K0003RR, Lightweight Wheelchair	\$35.06	24 months
K0003RREP, Lightweight Wheelchair	\$35.06	3 month
K0006NU, Heavy Duty Wheelchair*	\$1,300.19	
K0006RR, Heavy Duty Wheelchair	\$56.53	23 months
K0006RRSC Heavy Duty Wheelchair	\$56.53	23 months
K0007NU, Extra Heavy Duty Wheelchair*	\$1,833.33	
K0007RR, Extra Heavy Duty Wheelchair	\$79.71	23 months
K0007RRSC, Extra Heavy Duty Wheelchair	\$79.71	23 months
K0823NU, PWC Grp 2 Std Cap Chair	\$2,200.00	
K0823NUSC, PWC Grp 2 Std Cap Chair	\$2,200.00	
K0823RR, PWC Grp 2 Std Cap Chair	\$183.34	12 months
K0823RRSC, PWC Grp 2 Std Cap Chair	\$183.34	12 months

\*Purchase price is informational only. Item is only approved as a rental.

**EXISTING PRECERTIFICATIONS**

Pre-certifications for procedure codes E0260RR, E0630RR, E0470RRKJ, E0471RRKJ and E0601RRKJ for which the approval period extends beyond August 1, 2018, will be systematically adjusted to extend the approval period and increase units. This extended approval period is due to the above noted reimbursement changes and will allow the provider to be reimbursed up to the purchase price of the equipment.

**OXYGEN RELATED CHANGES**

Reimbursement of oxygen contents, E0443NU, portable oxygen contents, gas, and E0444NU, portable oxygen contents, liquid, will be reimbursed in addition to the portable system, one time per month, effective August 1, 2018. Pre-certifications for oxygen contents will be systematically created for individuals with approved pre-certifications for portable systems that have been utilized in the past six months.

Oxygen supplies will continue to be included with the rental of the oxygen system.

**VENTILATOR CARE SUPPLIES**

Reimbursement of the following supplies may be covered during the rental period of a primary ventilator:

(Age 21 and older)

A4216NU, sterile saline water, 10ml	\$0.46	10 per month
A4217NU, sterile saline water, 500ml	\$2.70	30 per month
A4605NU, Trach suction catheter, closed	\$16.65	13 per month
A4623NU, Trach, inner cannula, replace	\$6.01	8 per month
A4624NU, Trach suction tube	\$2.67	90 per month
A4628NU, Oropharyngeal suction catheter, ea	\$3.70	1 per month
A4629NU, Trach care kit for est trach	\$4.68	1 per day
A7520NU, Trach/larynx tube non-cuffed	\$48.19	2 per month
A7521NU, Trach/larynx tube cuffed	\$47.76	1 per month
A7526NU, Trach/collar holder, ea	\$3.42	15 per month

(Age 20 and under)

A4217NUEP, sterile saline water, 10ml	\$0.46	10 per month
A4217NUEP, sterile saline water, 500ml	\$2.70	30 per month
A4605NUEP, Trach suction catheter, closed	\$16.65	13 per month
A4623NUEP, Trach, inner cannula, replace	\$6.01	8 per month
A4624NUEP, Trach suction tube	\$2.67	90 per month

A4628NUEP, Oropharyngeal suction catheter, ea	\$3.70	1 per month
A4629NUEP, Trach care kit for est trach	\$4.68	1 per day
A7520NUEP, Trach/larynx tube non-cuffed	\$48.19	2 per month
A7521NUEP, Trach/larynx tube cuffed	\$47.76	1 per month
A7526NUEP, Trach/collar holder, ea.	\$3.42	15 per month

### **SUCTION PUMP SUPPLIES**

The following suction pump supply codes are covered for suction pumps including during the suction pump rental period and primary ventilator rental:

(Age 21 and older)

A7000NU, Canister, disposable	\$8.33	2 per month
A7002NU, Tubing	\$4.31	2 per month

(Age 20 and under)

A7000NUEP, Canister, disposable	\$8.33	2 per month
A7002NUEP, Tubing	\$4.31	2 per month

### **COUNTINOUS AIRWAY PRESSURE DEVICE (C-PAP) and RESPORITORY ASSIST DEVICE (RAD) SUPPLIES DURING RENTAL PERIOD**

Reimbursement for CPAP and RAD supplies are covered during the rental of the CPAP or RAD system. Rates and limits remain the same.

### **NEBULIZER**

Nebulizers (E0570NU) will be authorized as a purchase at \$47.80.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) 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.mo.gov/mhd/> 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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 MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**