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Missouri Division of Medical Services

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DME Bulletin

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Provider Communications

(800) 392-0938

or

(573) 751-2896

MC+ MANAGED CARE PROGRAM

MC+ managed care health plans provide DME equipment and supplies as a benefit to their enrollees. Coverage of DME items under MC+ managed care is the same as fee-for-service.

Billing requirements outlined in this bulletin apply to services provided to MC+ and Medicaid recipients who receive their services on a fee-for-service basis.

Check with the MC+ managed care health plans for their billing requirements.

2002 CPT AND HCPCS UPDATE

On July 16, 2002, Verizon updated the file to begin accepting the 2002 versions of the *Current Procedural Terminology* (CPT) and the 2002 *Health Care Procedure Coding System* (HCPCS). The 2002 procedure codes have an effective date of July 1, 2002. Providers have a 60-day transition period to allow time to make the necessary changes. Providers may bill a 2001 code for a 2002 date of service until September 1, 2002. Claims for dates of service on or after September 1, 2002 must contain only those active procedure codes found in the 2002 CPT book (Level I codes) or the 2002 HCPCS book (Level II codes). Claims for

dates of service prior to July 1, 2002 must contain only those procedure codes found in the 2001 CPT or HCPCS books.

Changes which occurred as a result of HCPCS updating were: procedure code deletions; replacement procedure codes; and the addition of new procedure codes.

A copy of the 2002 version of the *Health Care Procedure Coding System* may be purchased from your local medical book store.

BILLING REMINDERS

- Providers are reminded that an approved attachment is valid only for the procedure code(s), Type of Service, and from and through dates of service submitted on the attachment.

If a change in code, Type of Service or from and to date occurs, a new attachment (Medical Necessity or Oxygen and Respiratory Equipment Medical Justification) must be submitted. Claims will deny if these items do not match.

- Only one procedure code per line is accepted on the Medical Necessity or Oxygen and Respiratory Equipment Medical Justification forms. If two codes are submitted on

one line the line will be denied.

DME REIMBURSEMENT CHANGES

The Department of Social Services, Division of Medical Services is announcing the following reimbursement changes for certain items covered under the DME program. These changes become effective for dates of service September 1, 2002, and there after.

Prior Authorizations approved September 1, 2002 and there after with higher reimbursement rates will be reduced.

- The reimbursement for all ostomy supplies will be reduced from cost plus 35% to cost plus 20%.
- The reimbursement for all HCY supplies and equipment will be reduced from cost plus 25% to cost plus 20%.
- Prior Authorization requests for diapers in excess of 186 per recipient per month will require written justification from the prescribing physician explaining the need for additional diapers.
- The reimbursement for custom wheelchairs and accessories will be reduced

from 90% of manufacturers suggested retail to 85% of manufacturers suggested retail.

- The reimbursement for power wheelchairs and accessories will be reduced from 95% of manufacturers suggested retail to 90% of manufacturers suggested retail.
- The reimbursement for 3-wheelscooters (E1230) will be reduced from 95% of manufacturers suggested retail to the Medicare allowable of \$2,250.60 for the base. Any additional accessories needed should be requested under the miscellaneous power chair accessory code Z0051.
- The reimbursement for Blood Glucose Test or Reagent Strips (A4253), will be reduced from \$42.00 to the Medicare allowable of \$32.57.
- The reimbursement for Home Glucose Monitor (E0607, TOSA), will be reduced from \$85.00 to the Medicare allowable of \$66.49. The reimbursement for rental will be reduced from \$12.00 to \$6.65.
- The reimbursement for Platforms for Home Blood Glucose Monitor (A4255), will be reduced from \$5.60 to the Medicare allowable

of \$4.09.

- The reimbursement for Insulin Pump (E0784), and Insulin Pump Supplies (A4222), will be reduced from cost plus 25% to cost plus 20%.

OUT OF STATE PROVIDERS

Out of state (non bordering) providers who render services to Medicaid recipients located in Missouri are **ONLY** permitted to receive reimbursement if:

- Medicare coinsurance and/or deductible amounts on covered services provided to recipients who have **BOTH** Missouri Medicaid and Medicare.
- DME equipment or supplies that are **NOT** available in Missouri or a bordering state of Missouri.

If prior authorization is approved or reimbursement is made for DME equipment and/or supplies on behalf of a Medicaid recipient who is not Medicare eligible, or for equipment and/or supplies that are available in Missouri or a bordering state, the reimbursement that was paid may be recouped.

Providers must enroll with the name and the location for which their Medicare number is issued. Providers with separate

DME locations may wish to enroll at each location. Providers must have a separate Medicare number for each location. Representatives or warehouses are **NOT** considered providers and are not eligible to enroll.

If you have questions regarding enrollment, you may contact the Provider Enrollment Unit at (573) 751-2617.

FEE SCHEDULE

Over the next several months the Division of Medical Services will be working toward developing a fee schedule for covered codes that are presently manually priced. Future bulletins regarding this will be forthcoming.

Procedure Codes Deleted with Replacement Codes

Procedure Code(s) Deleted	Replacement Code(s)	Description	TOS	Reimbursement Guidelines	Medicaid Maximum Allowable Amount
B4085	B4086	Gastrostomy/ jejunostomy tube, any material, any type, (standard or low profile), each	A	Medical Necessity Invoice of Cost	Manually Priced
E0609	E2100	Blood glucose monitor with integrated voice synthesizer	A T	Prior Authorization Prior Authorization	\$ 308.00 \$ 28.50
L5300	L5301	Below knee, molded socket, shin, each foot, endoskeletal system	A 0	Medical Necessity Medical Necessity	\$2,063.71 Manually Priced
L5310	L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, each foot, endoskeletal system	A 0	Medical Necessity Medical Necessity	\$3,106.09 Manually Priced
L5320	L5321	Above knee, molded socket, open end, each foot, endoskeletal system, single axis knee	A 0	Medical Necessity Medical Necessity	\$2,607.16 Manually Priced
L5330	L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, each foot	A 0	Medical Necessity Medical Necessity	\$4,407.19 Manually Priced
L5340	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, each foot	A 0	Medical Necessity Medical Necessity	\$4,504.77 Manually Priced

Y9060*	S8401	Child-size incontinence garment, diaper, each	A	Prior Authorization/ Invoice of Cost	Manually Priced
	S8403	Adult-sized incontinence garment, disposable, pull-up brief, each	A	Prior Authorization/ Invoice of Cost	Manually Priced
	S8404	Child-sized incontinence garment, disposable, pull-up brief, each	A	Prior Authorization/ Invoice of Cost	Manually Priced

Procedure Codes Deleted A4329, A5064, A5074, A5075, B4084, L5667, and L5669.

For procedure code A4329, use HCY code Y9098 supplies. For procedure codes A5064, A5074, and A5075, use the ostomy miscellaneous code A4421. For procedure code B4084, use code B4081 or B4082.

For L5667 and L5669, use the lower extremity prosthesis not otherwise specified code, L5999.

* Covered for HCY Only

Procedure Codes Added

Procedure Code	Description	Type of Service	Reimbursement Guidelines	Medicaid Maximum Allowable Amount
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe	A	Medical Necessity	Manually Priced
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s), prefabricated, per shoe	A	Medical Necessity	Manually Priced
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	A	Prior Authorization	Manually Priced
E0316*	Safety enclosure frame/canopy for use with hospital bed, any type	A	Prior Authorization/ Invoice of cost	Manually Priced
E0603*	Breast pump, electric (AC and/or DC), any type Covered only if mother has been released and baby is in Neonatal Unit	T	Prior Authorization/ Invoice of cost	Manually Priced
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	A	Medical Necessity	Manually Priced
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	A	Medical Necessity	Manually Priced
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs	A	Medical Necessity	Manually Priced

E1816	Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs	A	Medical Necessity	Manually Priced
E1818	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	A	Medical Necessity	Manually Priced
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	A	Medical Necessity	Manually Priced
E2000*	Gastric suction pump, home model, portable or stationary, electric	A	Prior Authorization/ Invoice of cost	Manually Priced
		T	Prior Authorization/ Invoice of cost	Manually Priced
L5990	Addition to lower extremity prostheses, user adjustable heel height	A	Medical Necessity Invoice of Cost	Manually Priced
L8505	Artificial larynx replacement battery/accessory, any type	A	Medical Necessity Invoice of Cost	Manually Priced
L5671	Addition to lower extremity; below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	A	Medical Necessity	Manually Priced
		0	Medical Necessity	Manually Priced
S8180*	Tracheostomy shower protector	A	Medical Necessity Invoice of Cost	Manually Priced
S8181*	Tracheostomy tube holder	A	Medical Necessity Invoice of Cost	Manually Priced
S8189*	Tracheostomy supply, not otherwise classified	A	Medical Necessity Invoice of Cost	Manually Priced

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