

PROVIDER BULLETIN

Volume 31 Number 59

<http://www.dss.mo.gov/mhd>

June 2, 2009

PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

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BREAST PROSTHESIS

Effective for dates of service on or after June 30, 2009, procedure code L8030, breast prosthesis, silicone or equal, will be a covered service by the MO HealthNet Division (MHD). Coverage will be limited to one prosthesis, per side, every 24 months. The maximum allowable reimbursement for L8030 will be \$306.33 per prosthesis.

Effective for dates of service on or after June 30, 2009, procedure code L8020, breast prosthesis, mastectomy form, will be limited to one prosthesis, per side, every six months. The maximum allowable reimbursement for L8020 is \$175.00 per prosthesis.

A patient may not receive a combination of L8030 and L8020 within the quantity limitation for each individual item. Example, if a participant receives a L8020 prosthesis for the right side on July 1 2009, the participant is not eligible to receive an additional right side prosthesis, either L8020 or L8030, until January 1, 2010.

LT AND RT MODIFIER

Effective for dates of service on or after June 30, 2009, the modifier LT to indicate left side or RT to indicate right side must be included along with the NU (new) modifier when billing for procedure codes L8020, breast prosthesis, mastectomy form, and L8030, breast prosthesis, silicone or equal. If the patient receives bilateral prosthesis, two lines should be completed on the claim; one line with the appropriate code utilizing the NU and LT modifiers and a second line with the appropriate code utilizing the NU and RT modifiers.

MASTECTOMY BRA

Effective for dates of service on or after June 30, 2009, the maximum quantity for procedure code L8000, mastectomy bra, will be increased to allow three mastectomy bras per 12 months. The maximum allowable reimbursement for L8000 is \$28.00.

PRE-CERTIFICATION FOR BREAST PROSTHESIS

Effective for dates of service on or after June 30, 2009, procedure code L8020, breast prosthesis, mastectomy form, L8030, breast prosthesis, silicone and L8000, mastectomy bras will require pre-certification. To be approved, requests must meet the medical criteria established by MHD. Medical criteria documents may be found at www.dss.mo.gov/mhd.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of Durable Medical Equipment (DME) is a two-step process. Requests for pre-certification must be initiated by an authorized DME prescriber who writes prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, and nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – [CyberAccessSM](#) - which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an e-mail to MOHealthNetCyberaccess@heritage-info.com. The CyberAccessSM tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes, CPT and HCPCS procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the [MHD Web site](#) prior to implementation. If a pre-certification request submitted through CyberAccessSM is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet Internet Web portal at www.emomed.com .

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**