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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

November 1, 2004

DME Provider Letter 90 #A-28
Re: 907 KAR 1:479E

Dear Provider:

After further analysis of the Emergency Regulation effective July 1, 2004, the Department for Medicaid Services revised the reimbursement for the following HCPCS codes:

E0140, E0637, E0950, E0955-E0957, E0960, E0955-E0957, E0960, E0981, E0985, E1002-E1010, E1019, E1021, E1028-E1029, E1030, E1037- E1038, E1220, E1231-E1238, E2201-E2204, E2300-E2301, E2310-E2311, E2320-E2330, E2340-E2343, E2399, E2360-E2367, E2510, E2599, and K0650-K0656, and K0657-K0669.

The revised fee schedule will be posted at www.chfs.ky.gov/dms.

This change is in accordance to the original intent of the regulation. If you have any further questions or concerns, please contact the Division of Hospital and Provider Operations, Physician & Specialty Services Branch, at (502) 564-2687.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Turner".

Shannon Turner, J.D.
Acting Commissioner