

DME UPDATE: 11-19-09

KY Medicaid is reversing a prior decision regarding Group 4 power equipment. DMS will allow a review for coverage of Group 4 power equipment on an individual basis and will require prior authorization. This is effective for DOS 11-1-09 and forward. If you have questions, please contact the Department at 502-564-2687.

DME UPDATE: NOVEMBER 2009

The following codes **effective 12-1-09** will no longer require a PA: **E0117, E0184, E0185, E0186, E0187, E0271, E0272, E0950, E1016, K0733.L0490, L1110, L2250, L3000, L3001, L3002, L3003, L3020, L3030, L3040, L3060, L3310, L3320, L3332, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3927, L5672, L5676, L5710, L6611, L6637, L6640, L6642, L6703, L6706, L7367, L7401, and L7403.**

The following codes **effective 12-1-09** will no longer have a rental option: **E0184, E0185, E0186, E0187, E0271, and E0272.**

PA request process: A provider has **90 days from the date of the PA request** to have all necessary information faxed to SHPS for a review. This means that a provider can gather all required documentation prior to faxing the prior authorization request. By sending all the information at one time, the number of lack of information (LOI) letters should decrease and reduce the workload for providers. A complete packet will consist of the following documentation: certificate of medical necessity (CMN), MAP 9-Prior authorization request, and the following if applicable to the request: MAP 1001B metabolic food/formulas; manufacturer's cost invoice for manual pricing; manufacturer's suggested retail price (MSRP) list (for codes indicated on the fee schedule with that pricing methodology); Physical therapy evaluations for power equipment and related items; Speech therapy evaluations for assistive communication devices; and sleep studies for CPAP/BIPAP.

Please remember, however, that the initial PA request must be submitted **within one year of the date of service.**

The length of time a CMN is effective for **A9999** has been extended to a 12 month period.

DME Update 9-25-09 Medicare Accreditation

The Kentucky Department for Medicaid Services has been notified by several accreditation entities that there is a backlog in providing certificates to DME suppliers. DMS will accept e-mail confirmation for Medicare accreditation. The e-mail must come from the accreditation entity and contain the name and phone number of an employee of the entity for verification purposes. The certificate when received is to be mailed for

scanning to: EDS, Medicare Accreditation, P.O. Box 2101, Frankfort, Ky. 40602. Please include your Medicaid DME provider number and your NPI.

If you have decided not to obtain accreditation, please inform DMS of this decision in writing on your letterhead. Please include your Medicaid DME provider number and NPI.

If you have questions, please contact the department at 502-564-2687.

DME Update August, 2009

A7030 through A7036 are purchase only items. They are not considered part of the rental supplies.

L8501 has a limit of six per calendar year. More than six in one year will require prior authorization.

A6510 has been added to the fee schedule with prior authorization and manual pricing.

Policy clarification for billing for a member with secondary insurance: Prior authorization is required for reimbursement for items requiring prior authorization if Medicaid is secondary to commercial insurance. The exception is for Medicare primary members. If Medicare pays for the item, no PA is required. If it is a non-covered item for Medicare but Medicaid covers the item with prior authorization, you must obtain a PA.

L3334 has been added to the fee schedule effective for DOS 7-7-09 and after. PA is required and reimbursement is \$26.74.

This is a reminder that Medicare accreditation information is due by Oct. 1, 2009.

Please refer to the provider letter sent April 3, 2009. If you do not intend to obtain Medicare accreditation or are a provider exempt from this requirement, please send a letter stating this on your letterhead. Medicare accreditation only affects your DME provider number. The address to send information is KY Medicaid, P.O. Box 2110, Frankfort, Ky. 40602. Please indicate on the envelope Medicare accreditation to speed processing.

DME Update July, 2009

The fee schedule has been corrected to show the quantity limits for **A4230** and **A4231**. Please note this correction on the fee schedule.

The dates on the fee schedule have been corrected to show January 2008 with revision June 2009. The other revisions of the January 2008 fee schedule are available in the archive section of this site.

L2387 has been added to the fee schedule effective Jan. 1, 2009 with no PA required and no rental allowed. Reimbursement is \$153.90.

L5971 has been added to the fee schedule effective Jan. 1, 2009 with no PA required and no rental allowed. Reimbursement is \$183.19.

L8505 has been added to the fee schedule effective June 1, 2009. PA required and no rental allowed. Pricing is manual.

B4185 rate has been corrected. Manual pricing is not required. Correct rate is \$9.09 per 10 gms lipids.

DME Update June, 2009

E1802 has been added to the fee schedule for DOS March 1, 2009 and after. PA required with manual pricing.

Effective for new requests with dates of service beginning **June 1, 2009**:

1. Enteral formulas will be priced using calorie per unit for codes **B4149, B4150, B4152, B4153, B4154 and B4155**. The calorie per unit is indicated on the fee schedule for each of the codes.
2. The following codes **B4157, B4158, B4159, B4160, B4161 and B4162** will continue to use manual pricing. The calorie per unit is listed on the fee schedule for each of these codes if applicable.
3. The individual listings for the formulas will be removed from the fee schedule. This change will eliminate the need to have individual formulas added to the fee schedule.
4. This change mirrors Medicare pricing methodology and will allow uniform pricing.
5. This change will not affect the prior authorizations that have been issued prior to June 1, 2009.
6. This notice was posted previously in the April 2009 update.

L7510 clarification: This code has been clarified to indicate it is for minor parts. If a part has a HCPCS code, it is not to be included in this code. Pricing for L7510 will be changed to **Manual** pricing effective June 1, 2009. A manufacturer's invoice will be required for each item when submitting the PA request.

DME Update April 8, 2009

This is a clarification for **Provider letter 35**. The statement "failure to provide the requested information may result in disenrollment by KY Medicaid" applies **only** to a DME provider number with Medicaid. This does not affect any other provider type enrollment.

DME UPDATE APRIL 2009

CMS has end-dated **E1340** effective **4-1-09**. **K0739** is the replacement code.

A6217 was added to the fee schedule with manual pricing and PA required.

Effective **May 1, 2009**:

A4230 quantity limit of 16 per calendar month. Quantities over the limit will require a PA.

A4231 quantity limit of 16 per calendar month. Quantities over the limit will require a PA.

Effective for new requests with dates of service beginning **June 1, 2009**:

1. Enteral formulas will be priced using calorie per unit for codes **B4149, B4150, B4152, B4153, B4154 and B4155**. The calorie per unit is indicated on the fee schedule for each of the codes.

2. The following codes **B4157, B4158, B4159, B4160, B4161 and B4162** will continue to use manual pricing. The calorie per unit is listed on the fee schedule for each of these codes if applicable.

3. The individual listings for the formulas will be removed from the fee schedule. This change will eliminate the need to have individual formulas added to the fee schedule.

4. This change mirrors Medicare pricing methodology and will allow uniform pricing.

5. This change will not affect the prior authorizations that have been issued prior to June 1, 2009.

DME Update for February, 2009

E9083 has been added to the fee schedule. PA required. Rental and purchase allowed.

E0483 has had a purchase reimbursement added. This code requires a purchase after the trial period if continued medical necessity exists.

A9999 is to be used when requesting additional extension sets for mic-key g-tubes. It requires a PA and is manually priced.

A6217 has been added to the fee schedule and requires a PA.

The following codes will have reimbursement changes effective 4-1-09:

A4233, A7030, A7038, B4083, B9002, E0130, E0135, E0141, E0143, E0148, E0149, E0154-56, E0193, E0250-51, E0255-56, E0260-61, E0265-66, E0271-72, E0277, E0290-97, E0305, E0310, E0371-73, E0580, E0601, E0910, E0940, E0950-52, E0973, E0981, E0990, E0995, E1020, E2209-10, E2361, E2363, E2365-66, K0015, K0017-20, K0037-47, K0050-53, K0098, K0195, K0841, L3806.

The rate changes will be shown on the fee schedule in the update column until April 1 when they will be placed in the fee column. **Please refer to the fee schedule posted with revision date February 2009.**

DME Update for January 2009

Please use **B9998** when requesting the mic-key g tube kits. We are making this change from E1399 to better fit the item with the code. Until Feb. 15, either code will be allowed when the item is requested. Requests after Feb. 15 will be returned for proper coding if E1399 is used.

E0483 - This item is to be rented during the trial period. If after the trial period a continued rental is requested, documentation must support the continued rental versus a purchase.

L3334 is being added to the fee schedule. PA is required.

Oxygen rates effective for 2009: Effective Jan. 1, 2009

A4608 \$52.63 E1355 \$22.40 K0738 \$51.63

A4619 \$1.27 E1390 \$175.79
E0424 \$175.79 E1391 \$175.79
E0431 \$28.77 E1392 \$51.63
E0434 \$28.77 E1405 \$212.61
E0439 \$175.79 E1406 \$192.71

New Codes for 2009 added to fee schedule: E0656, E0657, E0770, E1354, E1356, E1357, E1358, E2230, E2231, E2295, K0672, L0113, L6711, L6712, L6713, L6714, L6721, and L6722.

Codes deleted for 2009: L2860, L3890, L5993, L5994, L5995, L7611, L7612, L7613, L7614, L7621, and L7622.

The **policy on the coding of rental wheelchairs** during the time of repair has not changed. The item being rented during the repair should be coded the item that is dispensed as the rental. K0462 will be valid for Medicare crossovers only. DMS considers the use of the code for the actual chair being dispensed as a rental to be the more efficient way to monitor utilization and reimbursement.

Beneprotein has been added to the fee schedule with reimbursement of \$0.40 per pkt and \$10.82 per can.

Diabetasource has had a reimbursement change to \$2.32 per can.

Clarification regarding extension of a PA: No PA will be extended after the PA has expired without approval from DMS. The December update indicated that there would be no extensions. There are no other changes to that policy update from December.

E0118 has been added to the fee schedule. The code requires PA with no rental allowed.

A6532 has been added to the fee schedule. The code requires PA with no rental allowed.

L5781 has been added to the fee schedule. The code requires PA with no rental allowed.

DME Update: Oxygen rate changes effective for 2009

Effective DOS Jan. 1, 2009:

A4608 \$52.63 E1355 \$22.40 K0738 \$51.63
A4619 \$1.27 E1390 \$175.79
E0424 \$175.79 E1391 \$175.79
E0431 \$28.77 E1392 \$51.63
E0434 \$28.77 E1405 \$212.61
E0439 \$175.79 E1406 \$192.71