

June 23, 2011

# Montana Health Care Programs Notice Durable Medical Equipment

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**Effective July 1, 2011**

## **Prior Authorization for Rental of Electric Hospital Beds and Rental of Bone Growth Stimulators**

A prior authorization is now required for the rental of electric hospital beds. Electric hospital beds are only covered when the electric bed is the least costly alternative hospital bed.

Codes affected are E0265, E0266, E0296, E0297, E0301, E0302, E0303, E0304 and E0329.

A prior authorization is also now required for the rental of bone growth stimulators.

Codes affected are E0747, E0748, and E0760.

These requirements are being added to ensure the equipment is the least costly alternative and is medically necessary, and that Medicare criteria is met during the rental period.

Medicare criteria are available at [www.noridianmedicare.com](http://www.noridianmedicare.com).

To request a prior authorization, providers must submit prior authorization forms and medical documentation (e.g., doctor's notes, prescription, CMN, video) to Mountain-Pacific Quality Health. Forms are available on the Provider Information website, and the provider may submit requests by mail or fax to:

Mountain-Pacific Quality Health  
3404 Cooney Drive  
Helena, MT 59602  
Phone: 406-457-5887 or  
877-443-4021, Extension 5887  
Fax: 877-443-2580

## **Contact Information**

If you have questions about this notice, contact Fran O'Hara, DME Program Officer at (406) 444-5296.

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov/>

Visit the Medicare website.

<http://www.nordianmedicare.com/>