

**April 27, 2015**

# **Montana Healthcare Programs Notice**

## **Durable Medical Equipment**

---

### **Children's (EPSDT) Coverage Criteria for Specified DME**

Administrative Rules of Montana (ARM) 37.86.2201, Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), Purpose, Eligibility, and Scope, allows for coverage of a Durable Medical Equipment (DME) item/service that is typically considered non-covered, does not meet coverage criteria, or is over the Medicaid allowable units if the item/service is determined medically necessary for an eligible child under 21.

#### **Orthotics – Codes L3002, L3010, L3020, and L3040**

This notice is to inform Montana Medicaid DME providers of the recent change made in regard to the reimbursement for orthotics coded L3002, L3010, L3020, and L3040, for an eligible child under age 21, effective April 27, 2015.

Devices and instruments to help a child maintain his or her level of mobility, correct physical issues, or decrease pain should be considered when prescribed by their medical provider and the following condition(s) apply. This list is not all-inclusive, and each case is determined on a case-by-case review of medical necessity:

- Knee or hip subluxation, dislocation;
- Spastic movement;
- Correct, limit or prevent deformities;
- Low-tone pronation (fallen arches, outward-turned foot due to muscle weakness);
- High-tone pronation (high arch, outward-turned foot due to increased muscle tone);
- Swing-phase inconsistency (erratic movements in the foot);
- Drop-foot (drop of the front of the foot due to weakness);
- Eversion (outward turn); or
- Inversion (inward turn).

If the child is not having symptoms or pain associated with the above conditions, foot orthotics are not considered medically necessary.

**If the above criteria are met, the item does not require prior authorization and the claim can be submitted directly to Medicaid. Medicaid will reimburse these codes at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with ARM 37.86.1807.**

## **Nebulizers/Nebulizer Kit –Codes E0570 RR/A7005**

This notice is to inform Montana Medicaid DME providers of the recent change made in regard to the reimbursement for nebulizers coded E0570 RR and Kits coded A7005, for an eligible child under age 21, effective date April 27, 2015.

Nebulizers and supplies should be considered for in-home treatment of children when prescribed by their medical provider and the following apply:

- Acute bronchiolitis; or
- RSV.

The nebulizer and supplies should be considered for a rental of prescribed length of need as indicated by the provider. Typically, 1–3 months.

**If the above criteria are met, the item does not require prior authorization and the claim can be submitted directly to Medicaid. Medicaid will reimburse these codes at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with the ARM 37.86.1807.**

## **Thick It –Code B4100**

This notice is to inform Montana Medicaid DME providers of the recent change made in regard to the reimbursement for Thick It, Code B4100, for an eligible child under age 21, effective date April 27, 2015.

The addition of a thickening agent should be considered medically necessary when prescribed by his or her medical provider and the following diagnosis applies:

- Oropharyngeal dysphagia;
- Reflux disease; or
- Any diagnosis that indicates child is at risk for life threatening aspiration.

**If a criterion is met, the item does not require prior authorization; however the claim needs to be submitted via fax to the Department at 406-444-1861 for processing.**

Please indicate on the fax cover sheet that this is a non-covered item, and describe how the request meets medical necessity criteria. Medicaid will reimburse this code at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with the ARM 37.86.1807.

## **Pulse Oximeter Probes – Code A4606**

This notice is to inform Montana Medicaid DME providers of the recent change made in regard to the reimbursement for Pulse Oximeter Probes, Code A4606, for an eligible child under age 21, effective April 27, 2015.

If a child has a pulse oximeter that was paid for by Montana Medicaid, a replacement probe (A4606) will be covered if the pulse oximeter is still medically necessary and prescribed by their medical provider.

**If above criteria are met, the item does not require prior authorization; however, the claim needs to be submitted via fax to the Department at 406-444-1861 for processing. Please indicate on the fax**

cover sheet that this is a non-covered item that meets medically necessary criteria coverage. Medicaid will reimburse this code at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with the ARM 37.86.1807.

## **MDI Spacers – Code A4627**

This notice is to inform Montana Medicaid DME providers of the recent change made in regard to the reimbursement for MDI Spacers, Code A4627, for an eligible child under age 21, effective April 27, 2015.

Spacer device will be allowed for a child if he or she is using metered dose inhalers, prescribed by his or her physician, for medication delivery, and the spacer is medically necessary.

**If the above criteria are met, the item does not require prior authorization; however, the claim needs to be submitted via fax to the Department at 406-444-1861 for processing. Please indicate on the fax cover sheet that this is a non-covered item that meets medically necessary criteria coverage. Medicaid will reimburse this code at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with ARM 37.86.1807.**

## **Contact Information**

If you have questions, please contact Donna Shorten, DME Program Officer, at 406-444-5296 or [DShorten@mt.gov](mailto:DShorten@mt.gov).

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Provider Information website at <http://medicaidprovider.mt.gov>.