



November 10, 2016

Montana Healthcare Programs Notice

Durable Medical Equipment

Effective Immediately

Prior Authorization for Insulin Pumps – E0784

Under the Durable Medical Equipment (DME) benefit, insulin pumps will no longer require a prior authorization. DME providers are reminded before providing insulin pumps to covered Montana Medicaid members, the member must meet the Medicare coverage criteria. The coverage criteria is outlined in the External Infusion Pumps local coverage determination (LCD) located on the Noridian website <https://med.noridianmedicare.com/>.

In accordance with Administrative Rules of Montana (ARM) 37.86.1802, Montana Medicaid has adopted Medicare coverage criteria for Medicare covered durable medical equipment as outlined in the Region D Supplier Manual, local coverage determinations (LCDs) and national coverage determinations (NCDs).

Note: The Medicare five year reasonable useful lifetime (RUL) will still be applied to this item.

Contact Information

If you have any questions regarding the above requirement please contact Dani Feist, DME Program Officer at 406-444-5296 or via email at dfeist@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.

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