



January 11, 2017

Montana Healthcare Programs Notice

Durable Medical Equipment (DME)

Effective January 1, 2017

New HCPCS Codes for Insulin Pump Supplies – A4224 & A4225

This notice is to inform Montana Medicaid Durable Medical Equipment (DME) Providers of the recent changes made in regards to the HCPCS codes for insulin pump supplies.

The following HCPCS codes have been added for billing of insulin pump supplies:

- A4224, Supplies for maintenance of insulin infusion catheter, per week
- A4225, Supplies for external insulin infusion pump, syringe type cartridge, sterile, each

Note: HCPCS codes K0552 and A4221 descriptions have changed. Please see the most current HCPCS Level II Coding Book for more details.

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), in accordance with our Administrative Rules of Montana (ARM) 37.86.1802.

For more on Medicare coverage criteria, visit the CMS website at <https://med.noridianmedicare.com/>.

Contact Information

If you have any questions regarding the above requirement, please contact Dani Feist at 406-444-5296 or 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/>.