MONTANA HEALTHCARE PROGRAMS NOTICE

November 29, 2017

Durable Medical Equipment, Physicians, and Mid-Level Providers

Effective October 29, 2017

Prosthetic Devices

This notice is to inform providers that prior authorization is no longer required for prosthetic devices. Therefore, HCPCS codes L5000-L7520, L8040-L8515, and L8630-L8670 no longer require prior authorization.

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).

Providers are reminded that members must meet the Medicare coverage criteria. The criteria can be found at the following documentation check lists and at the following Noridian website: https://med.noridianmedicare.com/web/jddme/policies/lcd/active.

Lower Limb Prostheses - LCD 33787

Facial Prostheses - LCD 33738

Eye Prostheses - LCD 33737

External Breast Prostheses - LCD 33317


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

Contact Information

If you have any questions, please contact: Aleasha Horn, DME Program Officer, email ahorn@mt.gov or telephone (406) 444-4518

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.