

December 10, 2014 Announcement 846

Limitations Updated for Provider Type 33 DMEPOS Services

Limitations have been updated in the Medicaid Management Information System (MMIS) for the following codes billed by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies DMEPOS) to match Nevada Medicaid policy.

The following updates were effective with claims with dates of service on or after December 1, 2013:

| CODE(S) | UPDATE |
|--|--------------------------------------|
| L3254, L3255, L3806, L3808, L3915, L6624 | Prior Authorization (PA) is required |
| L7510, L7520, L8615, L8617, L8618 | No PA is required |

The following updates were effective with claims with dates of service on or after January 1, 2014:

| CODE(S) | UPDATE |
|---|---|
| A4248, A4606, A4673, A4558, A4559, L8604, L8690, E0691, E0692 | End dated – no longer active for DME |
| L7364, L7366, L7367 | Code activated for DME and PA is required |

The following updates were effective with claims with dates of service on or after March 17, 2014:

| CODE(S) | UPDATE |
|--|--|
| A4221 | 1 unit per week; 5 units per month |
| A4280, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8035, L8039 | Minimum age 16 years |
| A4394, A6254, A6255 | 16 units per month |
| A4396 | 2 units per year |
| A4398 | 2 units per 6 months |
| A4402, A4405, A4406 | 4 units per month |
| A4407, A4408, A4411, A4412, A4413, A4414, A4415, A4424, A4425, A4426, A4427, A4429, A4431, A4432, A4433, A4434 | 20 units per month |
| A4422, A4629, A6252, A6253 | 31 units per month |
| A4435 | 20 units per month (no prior authorization required, no age limitation) |
| A4450, A4452 | 40 units per month |
| A4456 | 50 units each per month (code A4456 replaces code A4365, which defined the product as per 50) |
| A4625 | 1 unit per day; 14 units per month |
| A5131 | Limit of 3/month removed |

| A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541 | 1 unit per leg per 6 months |
|---|---|
| A6550 | 15 units per month per wound |
| A7029, A7032, A7033, A7038 | 2 units per month |
| A7035, A7036, A7039, A7046 | 1 unit per 6 months |
| A9900, A9999 | No longer active for DME use for incontinent supplies |
| E0443 | 1 unit per rolling month |
| E0784 | Age 3 years and older |
| L1001 | Age 3 years and younger |
| \$9349, \$9364, \$9365, \$9366, \$9367, \$9368 | 1 unit per day |