Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1079

DATE: January 4, 2012

TO: Iowa Medicaid Pharmacy and Durable Medical Equipment (DME) Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Date Span Billing for Durable Medical Equipment Rental and Medical Supplies

EFFECTIVE: February 1, 2012

The IME would like to clarify how durable medical equipment (DME) being rented and medical supply items should be billed.   Beginning February 1, 2012, providers are required to bill dates of service in the following manner:

- Rental items – The Iowa Medicaid payment policy for rental items dictates whether a code should be date spanned or not.
  - Codes paid at a monthly rental rate should be billed as one unit per line with a date span of one month.
  - Codes paid at a daily rental rate should be billed with from/to dates of service that reflect the beginning and end of the rental period. The number of units billed should reflect the total number of days within that rental period.
    - Daily rental date spans should not include more than 31 days.
    - In the event that a member's month-to-month eligibility changes in the middle of a date span for daily rental the claim line should then be split consistent with eligibility dates. System editing will be in place in the near future to enforce that policy.

- Purchase items – With the exception of codes for diabetic supplies, infusion pumps and enteral/parenteral nutrition supplies, purchased items should **not** be billed with a date span. A complete list of purchase codes that require date span billing has been attached to this Informational Letter.
  - When date span billing purchase items, bill the total number of units supplied, and span the number of days that the supply is for.

Also, please note that the "from" date on DME claims should equal the date of anticipated need (not delivery date) and is the date for eligibility purposes in processing the claim.

The IME would also like to clarify an instance where our billing policy varies from that of Medicare. Medicare requires that the "from" date of service be the date the supplies are

delivered. However, due to programming limitations in the Medicaid claims payment system, Medicaid requires that the "from" date of service be the anticipated date the supplies will be needed.   The IME does follow Medicare policy regarding contact with the member and delivery date prior to the anticipated need. The maximum number of days for the member contact prior to delivery is 14 calendar days. The delivery date should be no sooner than 10 calendar days prior to the end of usage for the current product.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.

Billing Examples

Correct Billing Monthly Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	01/31/12	E0250	1
2	02/01/12	02/29/12	E0250	1

Incorrect Billing Monthly Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	02/29/12	E0250	2

Correct Billing Monthly Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/15/12	02/14/12	E0570	1
2	02/15/12	03/15/12	E0570	1

Incorrect Billing Monthly Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/15/12	03/15/12	E0570	2

Correct Billing Daily Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	01/31/12	E1390	31

Incorrect Billing Daily Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	01/31/12	E1390	1

Correct Billing Daily Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	01/08/12	E0936	7
2	01/01/12	01/08/12	E0780	7

Incorrect Billing Daily Rental				
Line	From Date of Service	To Date of Service	Proc Code	Units of Service
1	01/01/12	01/08/12	E0936	1
2	01/01/12	01/08/12	E0780	5

List of Purchase Codes to Date Span

Code	Description
A4221	SUPPLIES FOR MAINTENANCE DRUG INFUS CATH
A4222	SUPPLIES FOR EXTERNAL DRUG PUMP
A4250	URINE TEST/REAGENT STRP/TABS,100
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH
A4253	BLOOD GLUCOSE STRIPS/50
A4255	PLATFORMS FOR HOME GLUCOSE MON. 50/BOX
A4256	NORMAL, LOW AND HIGH CALIRATOR SOLUTION
A4258	SPRING-POWERED DEVICE FOR LANCET
A4259	LANCETS, PER 100
B4034	ENTERAL FEEDING SUPPLY KIT;SYRINGE FED
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED
B4036	ENTERAL FEEDING SUPPLY KIT;GRAVITY FED
B4081	NASOGASTRIC TUBING WITH STYLET
B4082	NASOGASTRIC TUBING WITHOUT STYLET (EACH)
B4083	STOMACH TUBE- LEVINE TYPE
B4087	GAST/JEJUN TUBE, STAND,ANY MAT/TYPE, EA
B4088	GAST/J TUBE, LOW PROF,ANY MAT/TYPE, EA
B4100	FOOD THICKENER, ADMINISTERED ORALLY
B4102	ENTERAL FORMULA
B4103	ENTERAL FORMULA
B4104	ADDITIVE FOR FORMULA
B4149	ENTERAL FORMULA
B4150	ENTERAL FORMULAE; CATEGORY I: INTACT PRO
B4152	ENTERAL FORMULAE; CATEGORY II: INTACT PR

Code	Description
B4153	ENTERAL FORMULAE; CATEGORY III: HYDROLIZ
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFINED F
B4155	ENTERAL FORMULAE; CATEGORY V: MODULAR CO
B4157	ENTERAL FORMULA W PROTEINS,FATS,CARBS,VI
B4158	ENTERAL FORM FOR PEDS, PROTEINS,FATS,CAR
B4159	ENTERAL FORM, PED,SOY BASED,PROTEINS,FAT
B4160	ENTERAL FORM,PED INCLUDES PROT,FATS,CARB
B4161	ENT FORM,PED, HYDROLYZED/AMINO ACIDS & P
B4162	ENT FORM,SPECIAL METABOLIC NEEDS FOR INH
B4164	PNS;50% DEXTROSE SOLUTION 500ML=1 UNIT
B4168	PNS; AMINO ACID 3.5% 500ML= 1 UNIT
B4172	PNS; AMINO ACID 5.5% THRU 7% 500 ML= 1 U
B4176	PNS; AMINO ACID GREATER THAN 7% 500 ML =
B4178	PNS; AMINO ACID GREATER THAN 8.5, 500 ML
B4180	PARENTL NUTRIN SOLN CARBOHYDRATES,ANY ST
B4185	PARENTERAL SOL 10 GM LIPIDS
B4189	PNS; COMPOUNDED AMINOACID/CARBOHYD 10-51
B4193	PNS; COMPOUNDED AMINO ACID/CARBOHYD. 52-
B4197	PNS; COMPOUNDED AMINO ACID/CARBOHYD. 74
B4199	PNS;COMPOUNDED AMINO ACID/CARBOHYD, OVER
B4224	PARENTRAL NUTRITION SUPPLY KIT FOR 1 MON
B9998	NOC FOR ENTERNAL SUPPLIES
B9999	PARENTERAL SUPPLIES NOT OTHERWISE CLASSI
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP,