



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

INFORMATIONAL LETTER NO. 986

DATE: January 31, 2011

TO: Iowa Medicaid Pharmacy and Medical Equipment and Supply Providers

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

RE: Billing Changes: Seat Lift Chairs for Medicare-Medicaid Dual Eligible Members
Automated Medication Dispensers and Total Electric Hospital Beds
2011 HCPCS Changes

EFFECTIVE: March 1, 2011

Seat Lift Chairs: In order to maintain HIPAA compliance, use of procedure code W0359 will be discontinued when billing Medicaid for the chair component for a seat lift chair for Medicare-Medicaid dual eligible members. Effective March 1, 2011, procedure code E0627 with the modifier "CG" should be billed for these cases after Medicare has paid the claim for the mechanism, E0627. It is not necessary to submit any documentation with the Medicaid claim when Medicare has paid.

Procedure code E0627, without the modifier, should be billed for members who are eligible for Medicaid only. The Certificate of Medical Necessity for Seat Lift Mechanisms should be included as an attachment with the claim. Additionally, a physical therapy, occupational therapy or physician evaluation should be included if there is any question about the member's ability to ambulate or rise from any chair in the home.

Automated Medication Dispensers: Procedure code T1505 for "Electronic medication compliance management device" was included as a new 2011 HCPCS. In accordance with HIPAA requirements, a descriptive code should be billed if there is one. Since T1505 is more descriptive than an "alert or alarm device not otherwise specified," (code A9280), procedure code T1505 should be billed for automated medication dispensers. Procedure code A9280 should not be billed for automated medication dispensers for service dates on or after March 1, 2011.

Total Electric Hospital Beds, E0266: Medicaid policy allows for coverage of total electric hospital beds for members who meet the criteria for a hospital bed and are able to independently transfer with use of a total electric hospital bed. Medicaid claims for purchase of a total electric hospital bed require documentation of medical necessity and the long term need. Documentation of the ability to transfer from a physical therapist or occupational therapist is now required for rental claims also for dates of service on or after March 1, 2011.

2011 HCPCS Changes: The following new HCPCS codes have been added to the Medicaid claims payment system for reimbursement:

- A4566 SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- A7020 INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY (Cough stimulating device must be patient owned)
- E1831RR STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES (Rental only)
- E2622 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH (Use instead of K0734)
- E2623 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH (Use instead of K0735)
- E2624 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH (Use instead of K0736)
- E2625 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH (Use instead of K0737)
- L3674 SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NON-TORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT (Use instead of L3672, L3673)
- L4631 ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED
- L5961 ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL

L8693 AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH,
REPLACEMENT ONLY

Discontinued:

K0734 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS
THAN 22 INCHES, ANY DEPTH

K0735 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22
INCHES OR GREATER, ANY DEPTH

K0736 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,
ADJUSTABLE, WITH LESS THAN 22 INCHES, ANY DEPTH

K0737 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,
ADJUSTABLE, WITH 22 INCHES OR GREATER, ANY DEPTH

L3660 SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER,
CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

L3670 SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING
TYPE), PREFABRICATED INCLUDES FITTING AND ADJUSTMENT

L3672 SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),
THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY
INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES
FITTING AND ADJUSTMENT

L3673 SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),
THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION
JOINT/TURNBuckle, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM
FABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3675 SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS
WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

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