

DATED 2-27-09

# Memo

To: MEDICAID ENROLLED DURABLE MEDICAL EQUIPMENT PROVIDERS  
From: NORTH DAKOTA MEDICAID  
PROGRAM ADMINISTRATOR  
MARY HELMERS, RN  
QUALITY OF CARE/DISABILITY PROGRAMS/DME  
Date: 2/27/2009  
Re: ADDED/DELETED HCPC CODES

---

**THE FOLLOWING HCPC CODES HAVE BEEN DELETED FROM THE PROVIDER PRICE FILE EFFECTIVE 3/1/2009:**

L0450          L3918          L3930          L3931          L3936          L5995

**THE FOLLOWING HCPC CODES HAVE BEEN ADDED TO THE PROVIDER PRICE FILE EFFECTIVE 3/1/2009:**

B4088          E0265          E0266          E0849          E0912          E1405  
E1406          E2231          E2341          E0636          L0491          L3530  
L3763          L6711          L6712          L6713          L6714

**NO LONGER REQUIRES PRIOR AUTHORIZATION AS OF 3/1/2009:**

A4634

**MONTHLY QUANTITY LIMITS:**

A4351 AND A4352: QUANTITY LIMITS WILL REMAIN AT 4/MONTH. QUANTITY LIMITS IN EXCESS OF 4/MONTH ONLY WHEN PRIOR AUTHORIZATION IS SUBMITTED AND DOCUMENTATION IS PROVIDED THAT SUPPORTS THE RECIPIENT HAS A HISTORY OF URINARY TRACT INFECTION.

**REPAIR LABOR BILLING AND PAYMENT POLICY:**

NDMA WILL FOLLOW MEDICARE CRITERIA REGARDING BILLING AND PAYMENT POLICY FOR COMMON REPAIRS BASED ON STANDARDIZED LABOR TIMES. THIS APPLIES TO NON-RENTED AND OUT-OF-WARRANTY ITEMS. EFFECTIVE FOR DATES OF SERVICE ON OR AFTER APRIL 1, 2009.

- K0739 (REPAIR OR NON-ROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES) HAS BEEN ADDED TO THE FEE SCHEDULE.
- K0740 (REPAIR OR NON-ROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES).

THE NEW NON-COVERED CODE K0740 SHOULD BE TO INDICATE THE LABOR ASSOCIATED WITH THE REPAIR OF STATIONALRY OR PORTABLE OXYGEN EQUIPMENT.

CODE E1340 IS NO LONGER VALID FOR REPAIRS FOR DATES OF SERVICE ON OR AFTER APRIL 1, 2009 FOR MEDICARE CROSSOVER CLAIMS. K0739 WILL REQUIRE PRIOR AUTHORIZATION BY NDMA. PLEASE REFER TO THE MEDICARE TABLE BELOW WHICH REFERENCES UNITS OF SERVICE ALLOWANCED FOR COMMONLY REPAIRED ITEMS.

<u>Type of Equipment</u>	<u>Part Being Repaired/Replaced</u>	<u>Allowed Units of Service (UOS)</u>
Power Wheelchair	Batteries (includes cleaning and testing)	2
Power Wheelchair	Joystick (includes programming)	2
Power Wheelchair	Charger	2
Power Wheelchair	Drive wheel motors (single/pair)	2/3
Power or Manual Wheelchair	Wheel/Tire (all types, per wheel)	1
Power or Manual Wheelchair	Armrest or armpad	1
Power Wheelchair	Shroud/cowling	2
Manual Wheelchair	Anti-tipping device	1
Hospital Bed	Pendant	2
Hospital Bed	Headboard/footboard	2
CPAP	Blower Assembly	2
Seat Lift	Hand Control	2
Seat Lift	Scissor mechanism	3
Patient Lift	Hydraulic Pump	2

**NEW HCPCS MODIFIERS FOR REPAIR AND REPLACEMENT:**

THE FOLLOWING TWO MODIFERS ARE BEING ADDED TO THE HCPCS

RA – REPLACEMENT OF A DME ITEM

RB – REPLACEMENT OF A PART OF DME FURNISHED AS PART OF A REPAIR

**REMINDER:**

NDMA FOLLOWS MEDICARE CRITERIA IN REGARDS TO OXYGEN, OXYGEN EQUIPMENT, OXYGEN CONTENTS, MAINTENANCE AND SERVICING OF OXYGEN EQUIPMENT, CAPPED RENTAL OF OXYGEN EQUIPMENT AND REPLACEMENT OF OXYGEN SUPPLIES AND ACCESSORIES FOLLOWING THE 36-MONTH CAP.