

Date: 08/09/07

Web Announcement 153

Revised Fee Schedule for DME Providers

The following changes have been made to the Provider Type (PT) 33 Durable Medical Equipment (DME), Disposable, Prosthetics Fee Schedule. The schedule is posted on the Rates webpage on the Division of Health Care Financing and Policy website at: <http://dhcfp.state.nv.us/RatesUnit.htm>.

PT 17 and 33: Effective with service dates Jan. 1, 2007, and forward, Nevada Medicaid activated Healthcare Common Procedure Coding System (HCPCS) code E0165 (Commode chair, mobile or stationary, with detachable arms). This change is consistent with the HCPCS 2007 code revision, which changed the definition for this code.

PT 33: Effective with service dates June 1, 2007, and forward, code E0995 (Wheelchair accessory, calf rest/pad, each) has been activated.

PT 33: Effective with service dates June 1, 2007, and forward, codes A6501 through A6512 (Compression Burn Garments) require prior authorization (PA).

PT 12, 20, 21, 24, 25, 31, 33, 34 (claim types 03 and 05), 36, 72, 74 and 77: Effective with service dates June 1, 2007, and forward, code L3330 (Lift, elevation, metal extension (skate)) requires PA due to L-code rate greater than \$250.

PT 33: Effective with service dates July 1, 2007, and forward, codes A4230 (Infusion set for external insulin pump, non-needle cannula type) and A4231 (Infusion set for external insulin pump, needle type) have been activated for PT 33.

PT 33: Correction made to PA type for code L0623. In accordance with policy change effective Oct. 1, 2006, L code rate is **less than** \$250 and, therefore, does not require a PA.

PT 33: Correction made to the limitation for code E0443 (Portable oxygen contents, gaseous). The correct limit is 8 units per month.

Procedure Code	Modifier	Description	Procedure Begin Date	Rate (\$0.00 = 62% of billed charges)	Flag Code (999 = not covered)	Flag Begin Date	PA Type 00 = no, 01 = yes, 02 = yes if svc limits exceeded	PA Begin Date	Limits UVSP Limits = Per Claim
A4206		SYRINGE WITH NEEDLE, STERILE 1CC, EACH	01/01/1985	0.00			02	01/01/2005	60 unit / rolling MO
A4208		SYRINGE WITH NEEDLE, STERILE 3CC, EACH	01/01/1985	0.00			00	01/01/1985	30 units / MO
A4209		SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER,	01/01/1985	0.40			02	01/01/2005	30 units / MO
A4213		SYRINGE, STERILE, 20 CC OR GREATER, EACH	01/01/1985	0.79			00	01/01/1985	30 units / MO