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# Web Announcement 176

## Nevada Medicaid Will Cover External Insulin Pumps and Supplies

Attention Provider Type (PT) 33 – Durable Medical Equipment (DME), Prosthetics, Orthotics and Disposable Supplies: Effective Aug. 14, 2007, Nevada Medicaid began coverage for External Insulin Pumps (E0784) and external insulin pump supplies under the DME program for Medicaid-eligible recipients who meet the clinical qualifications as specified in Chapter 1300, Appendix B, pages 14-15. Other diabetic/insulin supplies are still covered under the Pharmacy program by Provider Type 28. The policy may be reviewed at <http://dhcfp.state.nv.us/MSM%20Table%20of%20Contents.htm>.

The external infusion pump supplies reimbursable through the DME program by PT 33 are as follows:

A4230 – Infusion set for external insulin pump, non-needle cannula type.

A4231 – Infusion set for external insulin pump, needle type.

A4232 – Syringe with needle for external insulin pump, sterile, 3cc.

Nevada Medicaid is in the process of adding coverage for Code K0552 – “Supplies for external drug infusion pump, syringe type cartridge, sterile, each” – for PT 33 effective Aug. 14, 2007. Once the addition is made to the Medicaid Management Information System (MMIS), all claims for this code with service dates on and after Aug. 14, 2007, that denied with edit code 0309 (Services Not Covered) will be automatically reprocessed for adjudication. A Web Announcement will be issued to inform providers of the date of any claim(s) adjudication and when code K0552 becomes valid for use.