



April 5, 2021

Web Announcement 2465

**Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Procedure Codes Denied in Error with Error Code 5638 Have Been Reprocessed**

The following procedure codes submitted by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) may have been denied in error with error code 5638 (2 units allowed per rolling month). The applicable error code for these procedures is error code 5551 (2 units allowed per rolling month-Prior Authorization override) instead of error code 5638.

The following procedure codes are impacted:

Procedure Code	Procedure Code Description
A4310	Insertion tray without drainage bag and without catheter
A4327	Female external urinary collection device; metal cup, each
A4328	Female external urinary collection device; pouch, each
A4354	Insertion tray with drainage bag but without catheter
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4367	Ostomy belt, each
A4860	Disposable catheter tips for peritoneal dialysis, per 10
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7038	Filter, disposable, used with positive airway pressure device
E0455	Oxygen tent, excluding croup or pediatric tents

Claims submitted by PT 33 for the above codes that processed on or after February 1, 2019, through November 23, 2020, and denied in error with error code 5638 have been automatically reprocessed. Results of the reprocessed claims appear on remittance advices dated April 9, 2021.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.