

Web Announcement 80

Attention Durable Medical Equipment Providers (Provider Type 33):

Effective Jan. 1, 2006, the billing process has changed for reimbursement for the MIC-KEY® Low-Profile Gastrostomy Feeding Tube (MIC-KEY Button) for Medicaid recipients under the age of 21. In order to receive the appropriate reimbursement rate for the MIC-KEY Buttons for pediatric recipients, please bill using procedure code B4086 with modifier BA (items with parenteral, enteral and nutritional (PEN) services). Bill procedure code B9998 for extension sets.

The BA modifier is to be used only when billing for the MIC-KEY Low-Profile Gastrostomy Feeding Tube. When billing for any other type of Gastrostomy Feeding Tube, use HCPCS code B4086 without the modifier.

Prior authorization (PA) is required when service limits (1 unit every 3 months) for MIC-KEY Buttons are exceeded. Reminder: Prior Authorization is not a guarantee of payment.