

DME MAC Jurisdiction A

LCD and Policy Article Revisions - Summary for February 4, 2010

Posted February 04, 2010 ([GEN](#))

Outlined below are the principal changes to several DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. Please review the entire LCD and each related Policy Article for complete information.

External Infusion Pumps

LCD

Revision Effective Date: 04/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Physician assessment interval for insulin pumps from every 6 months to every 3 months.

HCPCS CODES AND MODIFIERS:

Added: GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Removed: KX modifier requirement for supplies billed with external insulin infusion pumps and insulin.

Revised: Requirements for use of KX modifier with external insulin infusion pumps and insulin to meet either the C-Peptide level criteria or beta cell autoantibody criterion.

Added: Instructions for the use of GA and GZ modifiers.

Added: Instructions for use of GY modifier from Policy article to LCD.

Facial Prostheses

LCD

Revision Effective Date: 01/01/2010

HCPCS CODES AND MODIFIERS:

Replaced: A4365 with A4456.

Policy Article

Revision Effective Date: 01/01/2010

CODING GUIDELINES:

Replaced: A4365 with A4456.

NebulizersLCD

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Replaced: Q4080 with Q4074 in the Iloprost coverage indications.

HCPCS CODES AND MODIFIERS:

Replaced: Q4080 with Q4074

ICD-9 CODES:

Replaced: Q4080 with Q4074 in the ICD-9 requirements.

DOCUMENTATION REQUIREMENTS:

Replaced: Q4080 with Q4074 in the KX, GA and GZ modifiers requirements.

Policy Article

Revision Effective Date: 01/01/2010

CODING GUIDELINES:

Replaced: Q4080 with Q4074 in the Inhalation Drug Requirements.

Deleted: J7649 and J7659 from the Inhalation Drug Requirements.

Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)Policy Article

Revision Effective Date: 01/01/2010

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Changed: Timing in criterion 4 to match IOM 100-02, Chapter 15, Section 50-5-4.

ICD-9 CODES THAT ARE COVERED:

Deleted: V58.0-V58.12 and replaced with V58.11 to match IOM 100-02, Chapter 15, Section 50-5-4.

Spinal OrthosesLCD

Revision Effective Date: 01/01/2010

HCPCS CODES AND MODIFIERS:

Added: A4466

Deleted: GY

DOCUMENTATION REQUIREMENTS:

Deleted: Use of GY modifier with elastic spinal orthoses (Refer to Policy Article for coding guidelines for elastic and nonelastic spinal orthoses.)

Policy Article

Revision Effective Date: 01/01/2010

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Revised code reference (A4466) for elastic spinal orthoses.

CODING GUIDELINES:

Added: Instructions for coding elastic and nonelastic flexible spinal orthoses.

Added: Requirement for Coding Verification Review effective 07/01/2010.

Note: *The information contained in this article is only a summary of revisions to LCDs and Policy Articles. For complete information on any topic, you must review the LCD and/or Policy Article.*