

Durable Medical Equipment and Prior Authorization Reminders and Updates

Attention Durable Medical Equipment Providers:

Submitting Requests for Prior Authorizations

Requests sent to Telligen should not include codes that do not require a prior authorization. The [fee schedule](#) can be used to determine if a code requires a prior authorization and a modifier at <https://www.wyomingmedicaid.com/portal/fee-schedules>.

All codes, except those that are used for labor or repair, need to have the modifier NU for new equipment or RR for rentals. The NU and RR modifiers should also be part of the request for the prior authorization.

Online Fee Schedule example look-up for procedure code E0562:

Fee Schedule

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Disclaimer : The information on this page serves as a reference only. It does not guarantee that services are covered.

Code Details

Code : E0562 Start Date : 10/01/2010 Date Searched : 04/17/2024
 Category : HCPCS/CPT Codes End Date : 12/31/2999 Age Range : 0 to 999 Years
 Gender : Both Max Units of Service :
 Description : Humidifier, heated, used with positive airway pressure device

Indicators

Indicator Code	Indicator Description	Indicator Value	Effective Date
0-All	ELECTV_SURG_IND	N-No	04/01
0-All	MULTIPLE SURGERY	N-No	04/01
0-All	Prior Authorization	Y-Yes	04/01
0-All	PROC_COINS_IND	N-No	04/01
0-All	PROC_REFER_IND	N-No	04/01

Code Rates

Proc Factor Code	Modifier Code	Area Type	Rate Type	Rate	Start Date	End Date
F-FEE SCHEDULE	RR	Non-Rural	Rate	18.39	09/01/2023	12/31/2999
F-FEE SCHEDULE	NU	Non-Rural	Rate	183.95	09/01/2023	12/31/2999
F-FEE SCHEDULE	RR	Rural	Rate	23.40	09/01/2023	12/31/2999

Associated Modifiers

Claim Type	Modifier Code	Modifier Description	Include/Exclude	Start Date	End Date
0-All	NU	NEW EQUIPMENT	Include	01/01/1964	12/31/2999
0-All	RR	REDUCED RATE (RENTAL)	Include	01/01/1964	12/31/2999

Associated Taxonomy

Taxonomy	Start Date	End Date	Effective Date
33280000X	01/01/2016	12/31/2999	01/01/2016
335E0000X	01/01/2016	12/31/2999	01/01/2016

Modifier Pricing
No records to view

Taxonomy Pricing
No records to view

Enteral Nutrition Changes

Effective for the date of service July 1, 2024, a prior authorization will no longer be required for enteral nutrition. The procedure codes that will be impacted are listed below. The modifier BO must be used if the enteral nutrition is taken orally. For dates of service up to June 30, 2024, a prior authorization must be on the claim.

Procedure Code	Procedure code desc	Procedure code	Procedure code desc
B4100	FOOD THICKENER	B4154	ENTERAL FORMULA; CATEGORY IV
B4102	INTERAL FORMULA, FOR ADULTS	B4155	ENTERAL FORMULAE; CATEGORY V
B4103	ENTERAL FORMULA, FOR PEDIATRICS	B4156	ENTERAL FORMULAE; CATEGORY VI
B4104	ADDITIVE FOR ENTERAL FORMULA	B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE
B4149	ENTERAL FORMULA, BLENDERIZED NAT FOODS	B4158	ENTERAL FORMULA, FOR PEDIATRICS
B4150	ENTERAL FORMULAE; CATEGORY I	B4159	ENTERAL FORMULA, FOR PEDIATRICS
B4151	ENTERAL FORMULA: CATEGORY I	B4160	ENTERAL FORMULA, FOR PEDIATRICS
B4152	ENTERAL FORMULAE; CATEGORY II	B4161	ENTERAL FORMULA, FOR PEDIATRICS
B4153	ENTERAL FORMULAE; CATEGORY III:	B4162	ENTERAL FORMULA, FOR PEDIATRICS

Please make sure to continue to follow the criteria for approval of enteral nutrition in the [DME manual](#).

Wyoming Medicaid will be completing reviews of member documentation and claims to determine if enteral nutrition was medically necessary according to the criteria. Please make sure you have all documentation, and the member has met all criteria.

Incontinence Supplies

Incontinence supplies are limited to a 30-day supply. The provider must call the member to determine if additional supplies are needed before providing additional. This contact must be documented in the member records of the provider. The below codes are limited as indicated and when noted are a combined amount:

- T4521 – T4524 and T4529 – T4534: the combination of these procedures codes allows a maximum of 390 per calendar month
- T4525 – T4528 and T4543 and T4544: the combination of these procedures codes allows a maximum of 210 per calendar month
- T4535, T4541 and T4542: the combination of these procedures codes allows a maximum of 210 per calendar month
- T4536 – T4537: 4 each procedure code per calendar month
- T4539 – T4540: 3 each procedure code per calendar month

CPAPs, BIPAPs and Ventilators

Starting July 1, 2024, all continuous positive airway pressure (CPAPs), bi-level positive airway pressure (BIPAPs), and ventilators will require prior authorization. The requirement is for new and rental equipment. This includes codes E0465-E0467, E0470, E0471, E0561, E0562, E0601.

Humidifiers may be billed with CPAP and BIPAP if they are considered medically necessary.

Note: It is the responsibility of the provider to review the [DME manual](#) to determine if any changes have been made to policy. The DME manual is located under “manuals.” This manual was recently updated on April 1, 2024.