

MEDICAID PROVIDER BULLETIN

July 2019

Update to Kentucky Medicaid durable medical equipment fee schedule reimbursement

Summary of change: Anthem Blue Cross and Blue Shield Medicaid (Anthem) received notice from the Kentucky Department for Medicaid Services (DMS) regarding *House Bill 224*, which covers Medicaid durable medical equipment (DME) fee schedule reimbursement changes for dates of service effective July 1, 2019.

What is the impact of this change?

- **DME minimum fee schedule** — In accordance with *House Bill 224*, Medicaid MCOs are required to reimburse no less than 90% of the Kentucky Medicaid DME fee schedule for the codes specified in the *21st Century Cures Act*. We have updated the Medicaid DME fee schedule for Anthem accordingly.
- **Manually priced items** — Medicaid MCOs will reimburse suppliers of DME, prosthetics, orthotics and supplies (POS) for manually priced items in the Medicaid DME fee schedule in accordance with the following:
 - When there **is** a manufacturer's suggested retail price, reimbursement rates will be at the manufacturer's suggested **retail price minus 18%**.
 - When there **is not** a manufacturer's suggested retail price, reimbursement rates will be at **invoice price plus 20%** for miscellaneous HCPCS codes.
- **Codes and quantity limits** — Medicaid MCOs will cover, at a minimum, the HCPCS codes and quantities of medical supplies, equipment and services established on the Kentucky Medicaid DME fee schedule or Kentucky Medicaid medical policy.
- **DMEPOS codes not impacted by *House Bill 224*** — Codes not within the *21st Century Cures Act* code list will continue to be reimbursed in accordance with the existing applicable fee schedule.

Where do I access the list of impacted codes and new fee schedule?

To access the fee schedule, log in to the Availity Portal at <https://www.availity.com> and select **Payer Spaces**. Choose the appropriate payer and select the **Education and Reference Center payer space application**. Select **Administrative Support** and then select **KY Medicaid DMEPOS Fee Schedule**.

No action is required on your part to continue your current network participation.

Please incorporate this notice into your Anthem contract. Thank you for your continued care of our members and participation in our network. If you have any questions, please email Deb Szatalowicz at deb.szatalowicz@anthem.com.



<https://mediproviders.anthem.com/ky>