

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



REVISED products from the Medicare Learning Network® (MLN)

- [“DMEPOS Quality Standards,”](#) Booklet, ICN 905709, Downloadable only.

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## Infusion Pump Denied/Accessories & Drug Codes Should Be Denied

### Provider Types Affected

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This MLN Matters® Article Special Edition (SE) is intended for suppliers of Durable Medical Equipment submitting claims to Medicare contractors (Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for supplies and services to Medicare beneficiaries.

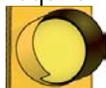
### Provider Action Needed

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#### **STOP – Impact to You**

Durable Medical Equipment suppliers who submit claims for infusion pumps need to know the billing requirements for infusion accessories and drugs.



#### **CAUTION – What You Need to Know**

When the infusion pump is denied, then the infusion accessories and infusion drugs are also denied.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.



### GO – What You Need to Do

Make sure that your billing staffs are aware of the billing requirements for infusion pumps, accessories and drugs.

## Background

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This article is based on the results of an automated review of claims for infusion pumps, accessories and drugs by the Recovery Auditors. When claims for infusion pumps are denied, claims for infusion accessories and for infusion drugs related to the denied pump should also be denied.

### Here are two examples of incorrect billings:

- A 73 year-old male was denied an E0784 (Insulin external ambulatory infusion pump) on April 5, 2007.

The same patient was then allowed 13 units of A4221 (supplies for maintenance of drug infusion catheter) and 30 units of K0552 (supplies for external drug infusion pump, syringe type cartridge) on April 5, 2007.

No paid claims exist for the E0784 within the same rental month as the A4221 and K0552. Per Local Coverage Determination (LCD) 11570, supplies are covered if the related pump is covered. Therefore, the 13 units of A4221 and the 30 units of K0552 are overpaid for April 5, 2007.

- A 63 year-old female was denied an E0784 (Insulin external ambulatory infusion pump) on September 7, 2007.

The same patient was then allowed 3 units of A4221 (supplies for maintenance of drug infusion catheter) on September 30, 2007.

No paid claims exist for the E0784 within the same rental month as the A4221. Per LCD 11570, supplies are covered if the related pump is covered. Therefore, the 3 units of A4221 are overpaid for September 30, 2007.

### How You Can Improve Your Billing

You are encouraged to review the following documents in the Local Coverage Determinations section of the Medicare Coverage Database:

- “External Infusion Pumps” addresses coverage indications, limitations, and medical necessity, coding and general information. Please find this document, updated 2/17/2013, posted by your DME MAC (L11555, L2745, L5044 or L11570), at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the Centers for Medicare & Medicaid Services (CMS) website.
- “External Infusion Pumps,” policy article, effective 1/1/ 2013, discusses non-medical necessity coverage and payment rules and coding guidelines. This document, updated 3/15/2013, posted

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by your DME MAC (A20210, A47226, A19713, or A19834), is available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website.

- The “Medicare National Coverage Determinations Manual,” Chapter 1, Part 4, Coverage Determinations, Section 280.14, Infusion Pumps discusses coverage of external infusion pumps and is available at [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf) on the CMS website.

## Additional Information

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If you have any questions, please contact your Medicare contractor at their toll-free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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