



Dear Healthcare Practitioner:

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) is committed to ensuring that our practitioners/providers are apprised of changes occurring within the health plan's benefit package. Recently, Insure New Mexico provided us with additional clarification on how the durable medical equipment (DME) benefit should be administered for the State Coverage Insurance (SCI) program. As a result, changes in how the benefit is processed will be implemented.

Effective **August 1, 2010**, the benefit will be administered utilizing the guidance to comply with state regulations 8.306.7.11 K, Services Included In The SCI Benefit Package, (Durable medical equipment, medical supplies, orthotic appliances and prosthetic devices) and 8.306.7.13 L, Service Excluded From The SCI Benefit Package, (Durable medical equipment, medical supplies, prosthetic devices, orthotic appliances).

SCI does not cover DME items under \$200 of allowable charges. Some DME items will no longer be covered and some may now require a prior authorization, such as oxygen and supplies and colostomy supplies. Attached is a list of items that will require a prior authorization. This list is subject to change.

If you have any questions or concerns regarding this process, please contact your Provider Service Representative in Albuquerque at (505) 342-4660 or toll free at (800) 377-9594.

Thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,

Molina Healthcare of New Mexico, Inc

SCI DURABLE MEDICAL EQUIPMENT LIST COVER WITH PA

DME Equipment	DME Benefit Codes
Blood Glucose Monitors and Supplies (includes replacement batteries)	A425
Fracture Frames	E0920-E0930, E0946-E0948
Feeding and Nutritional Supplies (includes nutritional/feeding supplies and ileostomy/gastrostomy supplies, excludes Parenteral Nutrition)	B4034-B4162, B9000-B9002, B9998
Infusion Pumps (include accessories for infusion pumps, include insulin pumps and supplies)	A4220-A4223, C1772, C1891, C2626, E0779-E0783, E0785-E0791, K0455, K0552-K0605
Intermittent Positive Pressure Breathing Treatments and Related Supplies	E0500 - E0565
Lancets and Related Devices	A4257
Lymphedema Pumps (includes pneumatic compressors)	A4600, E0650-E0652, E0675, E0676
Manual Wheelchairs and Related Equipment (does include wheelchair accessories)	E0950, E0958-E0967, E0969-E0982, E0994, E1011-E1015, E1017, E1050-E1229, E1231-E1238, E1240-E1298, E2201-E2295, K0001-K0009, K0015-K0195
Motorized Wheelchairs and Accessories (subject to medical necessity criteria)	E1239, K0010-11, K0733, K0800-K0899, E2300-E2397
Ostomy and Urinary Pouch Supplies (includes irrigations supplies)	A4310 - A4358, A4361 - A4434, A5051 - A5093, A5102-A5114, A5120 - A5200
Oxygen and Related Equipments and Supplies	A4615 - A4617, A4619-A4620, E0424-E0445, E1353 - E1355, E1372-E1406, S8120, S8121
Parenteral Nutrition	B4164-B5200, B9004, B9006, B9999
Suction Machines and Related Supplies (includes breast pumps)	A4281-A4286, E0600, E0602-E0604, E2000
Syringes	A4206-A4209 (syringes with needles), A4213
Tracheostomy Supplies	A4481, A4623-A4626, A4629, A7520-A7527, L8501