



April 19, 2011

Dear Molina Healthcare Practitioner/Provider:

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) is committed to ensuring that our practitioners/providers are apprised of new and/or updated requirements.

Effective May 15, 2011, Molina Healthcare's prior authorization requirements for durable medical equipment/supplies (DME) for State Coverage Insurance (SCI) and UNM SCI members have been updated to reflect DME that requires prior authorization. The enclosed Prior Authorization Matrix reflects these updates. This updated matrix is also located on the Molina Healthcare Website at [www.molinahealthcare.com](http://www.molinahealthcare.com).

Should you have any questions regarding this update, 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.

Enclosure

DME Equipment	DME Benefit Codes
<b>Blood Glucose Monitors and Supplies</b> (includes replacement batteries)	A4252
<b>External Defibrillator</b>	K0606
<b>Fracture Frames</b>	E0920-E0930, E0946-E0948
<b>Feeding and Nutritional Supplies</b> (includes nutritional/feeding supplies and ileostomy/gastrostomy supplies, excludes Parenteral Nutrition)	B4034-B4162, B9000-B9002, B9998
<b>Helmets</b>	A8000-8004
<b>Infusion Pumps</b> (include accessories for infusion pumps, include insulin pumps and supplies)	A4220-A4223, A9274, C1772, C1891, C2626, E0779-E0791, K0455, K0462, K0552-K0605, S1015
<b>Intermittent Positive Pressure Breathing Treatments and Related Supplies</b>	A0470-0472, A7025-A7039, A7044-A7046, E0500 - E0565, E0601
<b>Lancets and Related Devices</b>	A4257
<b>Lymphedema Pumps</b> (includes pneumatic compressors)	A4600, E0650-E0652, E0675, E0676
<b>Manual Wheelchairs and Related Equipment</b> (does include wheelchair accessories)	E0950, E0958-E0984, E0986, E0994, E1011-E1015, E1017, E1028-E1030, E1050-E1229, E1231-E1238, E1240-E1298, E2201-E2295, K0001-K0009, K0015-K0195
<b>Misc</b>	A9900-A9901, E0700-E0705
<b>Motorized Wheelchairs and Accessories</b> (subject to medical necessity criteria)	E1239, K0010-11, K0733, K0800-K0899, E2300-E2397
<b>Ostomy and Urinary Pouch Supplies</b> (includes irrigations supplies)	A4310 - A4358, A4361 - A4434, A5051 - A5093, A5102-A5114, A5120 - A5200
<b>Oxygen and Related Equipments and Supplies</b>	A4615 - A4617, A4619-A4620, E0424-E0445, E1353 - E1355, E1372-E1406, K0738, S8120, S8121
<b>Parenteral Nutrition</b>	B4164-B5200, B9004, B9006, B9999
<b>Suction Machines and Related Supplies</b> (includes breast pumps)	A4281-A4286, A7000-A7002, E0600, E0602-E0606, E2000
<b>Syringes</b>	A4206-A4209 (syringes with needles), A4213
<b>Orthotic and Prosthetic</b>	A5500-A5513, L0220-L0472, L0480-L0710, L0978-L1310, L1810-L3090, L3211-L3212, L3300-L3304, L3650-L8500, L8606-L8610, L8631-L8689
<b>Tracheostomy/Ventilator Supplies</b>	A4481, A4623-A4626, A4629, A7520-A7527, E0460-E0464, L8501, L8511-L8514
<b>Uterine Monitor</b>	S9001
<b>Wound Care</b>	E2402