



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 856

DATE: November 24, 2009

TO: Iowa Medicaid Medical Supply and Pharmacy Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Enteral Extension Set Supplies

EFFECTIVE: November 1, 2009

This is to advise of a change in pricing for 12-inch and 24-inch extension sets for dates of service on or after November 1, 2009. Informational Letter 690 dated March 14, 2008 communicated pricing at the dealer price quoted by the manufacturer plus 10 percent. Further review revealed that this pricing often does not reflect actual dealer cost to obtain these items. The suggested retail price quoted by the manufacturer less 15 percent is a more appropriate pricing methodology in this situation. Accordingly, prices for the extension sets are changed as follows:

<u>Code</u>	<u>Description</u>	<u>Fee</u>	<u>Normal Quantity</u>
B9998	12 inch extension set	\$74.97	1 unit (1 case of 5 per month)
B9998	24 inch extension set	\$78.54	1 unit (1 case of 5 per month)

A description of 12 inch extension set or 24 inch extension set must be noted on the claim.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us