
INFORMATIONAL LETTER NO. 2665-MC-FFS

DATE: April 30, 2025

TO: All Iowa Medicaid Medical Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS),
Iowa Medicaid

RE: Services After Death Date

EFFECTIVE: July 1, 2025

This Informational Letter (IL) provides additional codes and guidance to [IL No. 2511-MC-FFS Date Span Billing for Durable Medical Equipment \(DME\) Rental and Medical Supplies](#)¹, issued October 13, 2023, and [IL No. 2577-MC-FFS Services After Death Date](#)², issued June 24, 2024.

This Services After Death Date chart provides clarification of the identified specific codes. Please submit claims per this policy decision after the death of an Iowa Medicaid member.

Services After Death Date

Procedure Code	Procedure Code Description	Policy Decision
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week	Reimbursement coverage for one (1) claim of four (4) units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.

¹ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=5b5e090c-00a1-4be8-9560-326222264900>

² <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=941443b7-65ba-4d9a-961d-20c3651da6bb>

B4185	Parenteral nutrition solution, not otherwise specified, ten (10) grams lipids	Reimbursement coverage for one (1) claim of two (2) units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein – premix	Reimbursement coverage for one (1) claim of 15 units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.
E0256 E0260 E0261 E0265 E0266 E0271 E0277 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297 E0300 E0301 E0302 E0303 E0304	Various Hospital Beds	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0371	Non-powered advanced pressure-reducing overlay for a standard mattress length and width	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the

		reimbursement of the number of days.
E0372	Powered air overlay for a standard mattress length and width	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0373	Nonpowered advanced pressure reducing mattress	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
J1642 J1643	Injection, heparin sodium, (heparin lock flush), per ten (10) units	Reimbursement coverage for 15 units of service. This allows for the reimbursement of any supplies that were ordered as an anticipated need.

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate managed care organization (MCO):

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@hhs.iowa.gov

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061.
- Email: providerrelations@iowatotalcare.com
- Website: <https://www.iowatotalcare.com>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider Portal: <https://www.availity.com/molinahealthcare>

Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>