

**INFORMATIONAL LETTER NO. 2577-MC-FFS**

**DATE:** June 24, 2024

**TO:** All Iowa Medicaid Medical Providers

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

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

**RE:** Services After Death Date

**EFFECTIVE:** August 1, 2024

\*\*\*This informational letter (IL) provides additional guidance to [IL No. 2511-MC-FFS](#)<sup>1</sup> dated **October 13, 2023**, regarding Date Span Billing for Durable Medical Equipment (DME) Rental and Medical Supplies\*\*\*

This Services After Death Date chart provides **clarification of identified** specific codes, other service codes may be included in Services After Death, this is not an all-inclusive list. 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
<b>S5170</b>	Home delivered meals, including preparation per meal	Reimbursement coverage for 15 days after death date. This allows for reimbursement of any meals that were ordered as an anticipated need.
<b>E1390</b>	O2 concentrator single delivery port, del 85% or more O2 Unit of service is a per month rate	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be

<sup>1</sup> [https://secureapp.dhs.state.ia.us/imp/Information/ViewDocument.aspx?viewdocument=\(5b5e090c-00a1-4be8-9560-326222264900\)](https://secureapp.dhs.state.ia.us/imp/Information/ViewDocument.aspx?viewdocument=(5b5e090c-00a1-4be8-9560-326222264900))

		present in the residence when the O2 concentrator is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
<b>H2016</b>	Comprehensive community support services per diem	Reimbursement coverage for one day after death date. This allows for a service provider coming after midnight when the member died prior to midnight.
<b>T1019</b>	Personal care services, per 15 minutes	Reimbursement coverage for one day after death date. This allows for a personal care services provider coming after midnight when the member died prior to midnight.
<b>S5161</b>	Emergency response system service fee, per month	Reimbursement coverage for one month after death date. This allows for the members death at the end of the month and the equipment needs to be returned to the provider of the equipment. Use the KR Modifier for reimbursement of the number of days if the equipment can be returned prior to 30 days.
<b>A4222</b>	Supplies for external drug infusion pump per cassette or bag	Reimbursement coverage for 15 days after death date. This allows for reimbursement of any drug infusion pump supplies that were ordered as an anticipated need.
<b>B4035</b>	Enteral feeding supply kit: pump fed, per day	Reimbursement coverage for 15 days after death date. This allows for the reimbursement of any feeding supply kits that were ordered as an anticipated need.

<b>E0466</b>	Home ventilator used with non-invasive interface (e.g. mask, chest shell), any – no other descriptor of quantity is in definition	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the home ventilator is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
<b>E0431</b>	Portable gaseous oxygen system, rental: includes portable container, regulator, flowmeter, humidifier, cannula or mask and tubing; monthly rental	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the portable gaseous oxygen system is picked up. Use the KR modifier to identify the reimbursement of the number of days.
<b>A7044</b>	Combination oral/nasal mask-CPAP, each	Reimbursement coverage for 15 units after death date. This allows for reimbursement of any mask(s) that were ordered as an anticipated need.
<b>99490</b>	Chronic care management services of clinical staff time, at least 20 min per calendar month	Reimbursement for the month of date of service. Service date should not be longer than 3 days after date of death.
<b>A4206</b>	Syringe with needle, sterile, 1 cc or less, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
<b>A4207</b>	Syringe with needle, sterile 2 cc, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
<b>A4208</b>	Syringe with needle, sterile 3 cc, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes

		that were ordered as anticipated need.
<b>A4209</b>	Syringe with needle, sterile 5 cc or greater, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
<b>A4210</b>	Needle-free injection device, each	Reimbursement Coverage for 1 device after death date; this allows for any device that was ordered as anticipated need.
<b>A4211</b>	Supplies for self-administered injections	Reimbursement Coverage for 7 units of each supplies: this allows for any supplies that were ordered as anticipated need.
<b>A4213</b>	Syringe, sterile, 20 cc or greater, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
<b>A4215</b>	Needle, sterile, any size, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
<b>A4221</b>	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	Reimbursement Coverage for 1 week of supplies after death date; this allows for any supplies that were ordered as anticipated need.
<b>A4230</b>	Infusion set for external insulin pump, nonneedle cannula type; Max units is 1 per day	Reimbursement Coverage for 7 infusion sets for external insulin pump, nonneedle cannula type, this allows for any infusion sets that were ordered as anticipated need.
<b>A4231</b>	Infusion set for external insulin pump, needle type: Max unit is 1 per day	Reimbursement Coverage for 7 infusion sets for external insulin pump needle type, this allows for any infusion sets that were ordered as anticipated need.

<b>A4232</b>	Syringe with needle for external insulin pump, sterile, 3 cc; Max units are 16 per month	Reimbursement Coverage for 7 syringes with needle, sterile, 3cc, this allows for any infusion sets that were ordered as anticipated need.
<b>A4233</b>	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
<b>A4234</b>	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
<b>A4235</b>	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
<b>A4236</b>	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
<b>A4250</b>	Urine test or reagent strips or tablets (100 tablets or strips)	Reimbursement Coverage for 100 tablets or strips after death date; this allows for any tablets or strips that were ordered as anticipated need.
<b>A4252</b>	Blood ketone test or reagent strip, each	Reimbursement Coverage for 7 tests or reagent strips after death date; this allows for any tests or reagent strips that were ordered as anticipated need.
<b>A4253</b>	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Reimbursement Coverage for 50 strips after death date; this allows for any strips that were ordered as anticipated need.
<b>A4255</b>	Platforms for home blood glucose monitor, 50 per box	Reimbursement Coverage for 1 box of 50 strips after death date; this allows for any strips that were ordered as anticipated need.

<b>A4256</b>	Normal, low, and high calibrator solution/chips	Reimbursement Coverage for 1 box which includes solution and chips: this allows for an order for anticipated need.
<b>A4258</b>	Spring-powered device for lancet, each	Reimbursement Coverage for 1 device after death date; this allows for a device that was ordered as anticipated need.
<b>A4259</b>	Lancets, per box of 100	Reimbursement Coverage for 1 box of 100 Lancets after death date; this allows for any Lancets that were ordered as anticipated need.
<b>E0570</b>	Nebulizer, with compressor; Max unit - 1 per day	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the Nebulizer system is picked up. Use the KR modifier to identify the reimbursement of the number of days.
<b>K0001</b>	Standard wheelchair, Max unit - 1 per day	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone present when the wheelchair is picked up.
<b>K0003</b>	Lightweight wheelchair, Max unit – 1 per day	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone to be present when the wheelchair is picked up.
<b>K0738</b>	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing – Max Unit 1 per month	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone to be present when the portable system is picked up. Use the KR modifier to identify the reimbursement of the number of days.

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate MCO:

**Iowa Medicaid Provider Services:**

- Phone: 1-800-338-7909
- Email: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)

**Iowa Total Care:**

- Phone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

**Molina Healthcare of Iowa:**

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

**Wellpoint Iowa, Inc. (formerly Amerigroup Iowa, Inc.):**

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