



## MEDICAID POLICY CLARIFICATION #PC000282 A9274 RATE POLICY CLARIFICATION

January 29, 2024

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- Provide formal guidance
- Clarification of existing Iowa Medicaid policy
- Guidance on new process or policy
- Request for information

The purpose of this letter is to ensure managed care organizations (MCOs) pay Current Procedural Terminology (CPT) code A9274 (External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories) with the KX modifier at a rate no less than \$67/unit.

Any MCO found to be out of compliance with this clarification policy should reprocess claims for CPT code A9274 with KX modifier back to the effective date of [Informational Letter 2362](#). The MCOs are responsible to notify providers if additional information is needed from the providers. The MCOs found to be out of compliance with this clarification policy will allow exception for timely filing as needed.

### **Related Policy Clarifications:**

This policy clarification should be used in correlation with the following policy clarifications:  
NONE

This formal guidance impacts capitation rates in the following manner:

- This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- This is a new process or policy that does not have a fiscal impact.
- This is a new process or policy that will be reflected in revised capitation rates and implemented July 1, 2021.