

# JANUARY 1, 2008 SUPPLY UPDATE

1. **Pharmacy and DME Providers:** effective for **dates of service** on and after January 1, 2008 refer to the cross-reference procedure code for billing a standard gastrostomy tube. Do not bill B4086 for dates of service after December 31, 2007. Effective with **order dates** on and after January 1, 2008, use B4088 for a low-profile gastrostomy tube. Prior approvals granted with order dates prior to January 1, 2008 under T5999 for low-profile gastrostomy tubes will be honored for the approved period of service, after which B4088 should be reported.

Discontinued Codes	Cross-Reference Codes/Description	Cross-Ref. Price
B4086#	<b>B4087 #Gastrostomy/jejunostomy tube, standard, any material, any type, each</b>	\$ 22.89
(With the addition of B4088, the low profile tube no longer is billed using T5999, which continues to be active for other supply items.)	<b>B4088 #Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</b> (for patients who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated).	134.58

2. **Pharmacy Providers:** effective for **dates of service** on and after January 1, 2008 the allowable monthly quantity on this code will increase from 100 to 200 units per month:

Code	Description	Quantity/Size	Price
A4221	<b>#Supplies for maintenance of drug infusion catheter, per week (list drug separately)</b> (BILL MONTHLY)	up to <b>200</b> units per month	\$1.00

A4221 is used for **all supplies** necessary for maintenance of drug infusion catheters and external pumps and/or supplies necessary for the administration of drugs (except insulin) **not otherwise listed** in the Pharmacy Provider Manual. **Prior approval is only required when the total charge for supplies not otherwise listed exceeds \$200.00 (200 units) per month.**

**BOLD=NEW CODE**

**#=DVS AUTHORIZATION REQUIRED**

Questions? Call the Pre-Payment Review Group at 1-800-342-3005