

PROVIDER BULLETIN NO. 12-02

DATE: January 4, 2012

TO: Medicaid DME Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Kay L. Wenzl, Administrator

RE: **REUSABLE PROTECTIVE UNDERPADS: T-4537 NU, T-4540**

Please share this information with management, sales, dispensing and billing staff

CHANGES/CLARIFICATIONS HIGHLIGHTS

This Provider Bulletin is to inform providers of rates established for the above HCPCS codes.

Effective **February 1, 2012**, rates are as follows:

T-4537 NU INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	\$16.00
T-4540 INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	\$10.00

For questions about this provider bulletin please contact:

Durable Medical Equipment (402) 471-9381 or dhhs.dme@nebraska.gov