



Provider Notice 13-11

Dear Provider,

Effective for dates of service on and after March 1, 2013, the Medicaid Program of the Health Care Authority (the Agency) will revise the "Other DME" fee schedule. The "Maximum Allowable Fee" for HCPCS code E0277 when combined with modifier RR will be changed from "Daily" to "Monthly".

See the "Other DME" fee schedule at: <http://hrsa.dshs.wa.gov/rbrvs/index.html#D>

Thank you.

BC/AL
Provider Publications Team
Medicaid Program
Health Care Authority

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at <http://hrsa.dshs.wa.gov/contact/default.aspx>. Your message will be delivered to the appropriate staff member.

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