



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE
ALBANY, NEW YORK 12229-0001
(518) 473-1997 • TDD (518) 474-3694
www.omr.state.ny.us

November 16, 2006

**SUBJECT: Prohibition on Separate Medicaid
Billing for Medical Gloves Used by Staff**

Dear Executive Director:

This directive is to inform you of the Department of Health's (DOH) policy regarding the separate billing of a recipient's Medicaid card for medical gloves (see Attachment A). Per DOH and the Office of the Medicaid Inspector General (OMIG):

- Medical gloves must be used for medical purposes; and
- The gloves must be used by the recipient himself/herself. (For example, when the recipient uses the gloves to self-administer medication.)

Medical gloves used by staff of Office of Mental Retardation and Developmental Disabilities (OMRDD) certified residences or day programs must not be separately billed to the residential or day program participant's Medicaid card. Rather, the day or residential provider must pay for medical gloves used by its staff.

Please ensure that your agency complies with this policy. DOH and the OMIG regularly review Medicaid claim data and will hold our ICF/DD, IRA, and Community Residence providers financially accountable for any inappropriate billing of medical gloves to Medicaid when the residential staff rather than the resident use the gloves. (Per OMRDD regulations, these residential providers are fiscally responsible for any medical goods or services not covered by the Medicaid program.)

If you have questions about the DOH policy, please contact Deborah Henderson of DOH at (518) 474-3575. For any OMRDD-related issues, please call Earl Jefferson in OMRDD's Training and Medicaid Standards Bureau at (518) 486-4242.

Thank you for your cooperation.

Sincerely,

Lisa M. Kagan
Associate Commissioner
Revenue Support

Attachment



Providing supports and services for people with developmental disabilities and their families



Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>DIABETIC DAILY CARE</u>			
A4230	#Infusion set for external insulin pump, non needle cannula type	each (up to 30) (two month supply)	\$13.54
A4231	#Infusion set for external insulin pump, needle type	each (up to 24) (two-month supply)	5.10
A4244	Alcohol or peroxide, per pint	(up to 5)	1.12
A4245	Alcohol wipes, per box (100's)	each (up to 5)	1.39
A4258	Spring-powered device for lancet, each	each (up to 2)	12.95
A4259	Lancets, per box of 100	each (up to 5)	6.06
<u>FAMILY PLANNING PRODUCTS</u>			
A4267	Contraceptive supply, condom, male, each	each (up to 108)	0.39
A4268	Contraceptive supply, condom, female, each	each (up to 108)	3.50
<u>GLOVES</u>			
Gloves are reimbursable only when medically necessary for the recipient. Gloves are not reimbursable as personal protective equipment for employees or when included in a kit or tray (e.g., catheter or tracheostomy). Sterile gloves are only reimburseable when medically necessary.			
A4927	#Gloves, non-sterile, per 100	100's (up to 1)	4.55
A4930	#Gloves, sterile, per pair	pair, up to 30	0.40
<u>HEAT APPLICATION</u>			
E0210	#Electric heat pad, standard	each (up to 1)	14.40
E0215	#Electric heat pad, moist	each (up to 1)	20.93
E0220	Hot water bottle	each (up to 1)	4.88
E0238	Non-electric heat pad, moist	each (up to 1)	10.44
<u>SYNTHETIC SHEEP SKIN AND DECUBITUS CARE</u>			
E0188	Synthetic sheepskin pad	each (up to 1)	19.50
E0191	Heel or elbow protector, each	each (up to 5)	2.81

X