



January 31, 2020

Web Announcement 2091

**Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Claims for Procedure Code A4231**

Claims for procedure code A4231 (Infusion set for external insulin pump, needle type; 15 per rolling month) billed by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) that denied with error code 1055 (Limitation – 15 service units per rolling month) have been automatically reprocessed to adjudicate correctly. The impacted claims had dates of service February 4, 2015, through January 3, 2019. Results of the reprocessed claims appear on remittance advices dated January 31, 2020.

**Please note:** When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received.