

Services After Death Date

The below Services After Death Date chart was published in [Informational Letter \(IL\) No. 2577-MC-FFS¹](#) on June 24, 2024 (effective August 1, 2024). This chart provides clarification of identified specific codes, other service codes may be included in Services After Death, this is not an all-inclusive list. Please submit claims per this policy decision after the death of an Iowa Medicaid member.

Services After Death Date		
Procedure Code	Procedure Code Description	Policy Decision
S5170	Home delivered meals, including preparation per meal	Reimbursement coverage for 15 days after death date. This allows for reimbursement of any meals that were ordered as an anticipated need.
E1390	O2 concentrator single delivery port, del 85% or more O2 Unit of service is a per month rate	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the O2 concentrator is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
H2016	Comprehensive community support services per diem	Reimbursement coverage for one day after death date. This allows for a service provider coming after midnight when the member died prior to midnight.
T1019	Personal care services, per 15 minutes	Reimbursement coverage for one day after death date. This allows for a personal care services provider coming after

¹ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=941443b7-65ba-4d9a-961d-20c3651da6bb>

		midnight when the member died prior to midnight.
S5161	Emergency response system service fee, per month	Reimbursement coverage for one month after death date. This allows for the members death at the end of the month and the equipment needs to be returned to the provider of the equipment. Use the KR Modifier for reimbursement of the number of days if the equipment can be returned prior to 30 days.
A4222	Supplies for external drug infusion pump per cassette or bag	Reimbursement coverage for 15 days after death date. This allows for reimbursement of any drug infusion pump supplies that were ordered as an anticipated need.
B4035	Enteral feeding supply kit: pump fed, per day	Reimbursement coverage for 15 days after death date. This allows for the reimbursement of any feeding supply kits that were ordered as an anticipated need.
E0466	Home ventilator used with non-invasive interface (e.g. mask, chest shell), any – no other descriptor of quantity is in definition	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the home ventilator is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0431	Portable gaseous oxygen system, rental: includes portable container,	Reimbursement coverage for 15 days after death date. This allows for

	regulator, flowmeter, humidifier, cannula or mask and tubing; monthly rental	scheduling time for someone to be present in the residence when the portable gaseous oxygen system is picked up. Use the KR modifier to identify the reimbursement of the number of days.
A7044	Combination oral/nasal mask-CPAP, each	Reimbursement coverage for 15 units after death date. This allows for reimbursement of any mask(s) that were ordered as an anticipated need.
99490	Chronic care management services of clinical staff time, at least 20 min per calendar month	Reimbursement for the month of date of service. Service date should not be longer than 3 days after date of death.
A4206	Syringe with needle, sterile, 1 cc or less, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4207	Syringe with needle, sterile 2 cc, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4208	Syringe with needle, sterile 3 cc, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4209	Syringe with needle, sterile 5 cc or greater, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4210	Needle-free injection device, each	Reimbursement Coverage for 1 device after death

		date; this allows for any device that was ordered as anticipated need.
A4211	Supplies for self-administered injections	Reimbursement Coverage for 7 units of each supplies: this allows for any supplies that were ordered as anticipated need.
A4213	Syringe, sterile, 20 cc or greater, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4215	Needle, sterile, any size, each	Reimbursement Coverage for 14 syringes after death date; this allows for any syringes that were ordered as anticipated need.
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	Reimbursement Coverage for 1 week of supplies after death date; this allows for any supplies that were ordered as anticipated need.
A4230	Infusion set for external insulin pump, nonneedle cannula type; Max units is 1 per day	Reimbursement Coverage for 7 infusion sets for external insulin pump, nonneedle cannula type, this allows for any infusion sets that were ordered as anticipated need.
A4231	Infusion set for external insulin pump, needle type: Max unit is 1 per day	Reimbursement Coverage for 7 infusion sets for external insulin pump needle type, this allows for any infusion sets that were ordered as anticipated need.
A4232	Syringe with needle for external insulin pump,	Reimbursement Coverage for 7 syringes with needle,

	sterile, 3 cc; Max units are 16 per month	sterile, 3cc, this allows for any infusion sets that were ordered as anticipated need.
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Reimbursement Coverage for 7 batteries after death date; this allows for any batteries that were ordered as anticipated need.
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	Reimbursement Coverage for 100 tablets or strips after death date; this allows for any tablets or strips that were ordered as anticipated need.
A4252	Blood ketone test or reagent strip, each	Reimbursement Coverage for 7 tests or reagent strips after death date; this allows for any tests or reagent strips that were ordered as anticipated need.
A4253	Blood glucose test or reagent strips for home	Reimbursement Coverage for 50 strips after death date; this allows for any

	blood glucose monitor, per 50 strips	strips that were ordered as anticipated need.
A4255	Platforms for home blood glucose monitor, 50 per box	Reimbursement Coverage for 1 box of 50 strips after death date; this allows for any strips that were ordered as anticipated need.
A4256	Normal, low, and high calibrator solution/chips	Reimbursement Coverage for 1 box which includes solution and chips: this allows for an order for anticipated need.
A4258	Spring-powered device for lancet, each	Reimbursement Coverage for 1 device after death date; this allows for a device that was ordered as anticipated need.
A4259	Lancets, per box of 100	Reimbursement Coverage for 1 box of 100 Lancets after death date; this allows for any Lancets that were ordered as anticipated need.
E0570	Nebulizer, with compressor; Max unit - 1 per day	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the Nebulizer system is picked up. Use the KR modifier to identify the reimbursement of the number of days.
K0001	Standard wheelchair, Max unit - 1 per day	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone

		present when the wheelchair is picked up.
K0003	Lightweight wheelchair, Max unit – 1 per day	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone to be present when the wheelchair is picked up.
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing – Max Unit 1 per month	Reimbursement coverage for 15 days after death date. This allows for an appointment for someone to be present when the portable system is picked up. Use the KR modifier to identify the reimbursement of the number of days.

The below Services After Death Date chart was published in [IL No. 2665-MC-FFS²](#) on April 30, 2025 (effective July 1, 2025). This chart provides clarification of the identified specific codes. Please submit claims per this policy decision after the death of an Iowa Medicaid member.

Services After Death Date

Procedure Code	Procedure Code Description	Policy Decision
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week	Reimbursement coverage for one (1) claim of four (4) units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.
B4185	Parenteral nutrition solution, not otherwise specified, ten (10) grams lipids	Reimbursement coverage for one (1) claim of two (2) units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.

² <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=405d9d1f-6396-4acc-90d8-34634c6d1af9>

B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein – premix	Reimbursement coverage for one (1) claim of 15 units. This allows for the reimbursement of any supplies that were ordered as an anticipated need.
E0256 E0260 E0261 E0265 E0266 E0271 E0277 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297 E0300 E0301 E0302 E0303 E0304	Various Hospital Beds	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0371	Non-powered advanced pressure-reducing overlay for a standard mattress length and width	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0372	Powered air overlay for a standard mattress length and width	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the

		residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
E0373	Nonpowered advanced pressure reducing mattress	Reimbursement coverage for 15 days after death date. This allows for scheduling time for someone to be present in the residence when the equipment is picked up. Use the KR Modifier to identify the reimbursement of the number of days.
J1642 J1643	Injection, heparin sodium, (heparin lock flush), per ten (10) units	Reimbursement coverage for 15 units of service. This allows for the reimbursement of any supplies that were ordered as an anticipated need.