TRUECARE™ | Network Notification

Notice Date: October 15, 2025
To: Mississippi Medicaid Providers
From: TrueCare™
Subject: Claim Edits for Durable Medical Equipment
Effective Date: January 15, 2026

Summary
Beginning with claims processed on or after January 15, 2026, TrueCare will enhance claims editing as follows.

Impact
The following policy area is affected:

- Diagnosis and modifier requirements for lymphedema compression treatment items

Important Policy Changes
Appropriate diagnosis for lymphedema must be used when billing the following codes:

- A6520-A6530
- A6533-A6541
- A6549
- A6552-A6589
- A6593-A6610

Lymphedema compression treatment items can be billed bilaterally and require use of right side (RT) or left side (LT) modifiers to indicate treatment laterality.

Questions?
Contact Provider Services at **1-833-230-2174**, Monday through Friday, 7:30 a.m. to 5:30 p.m. Central Time (CT).

MS-MED-P-4472479