

# DME Medicare News

DME Region A Service Office ❖ Suite 339, 320 S. Pennsylvania Blvd ❖ Wilkes-Barre, PA 18701-2215

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## Contents

The Travelers Experience .....	2
Transition .....	3
Professional Relations.....	5
Electronic Media Claims.....	6
Crossover .....	8
Claims Processing.....	9
Pricing.....	10
Medical Policy .....	11

## Contacts

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District Manager  
DME Region A Service Office  
The Travelers Insurance Company ..... (717) 820-5700

Supplier Toll-Free Line ..... (800) 842-2563

Enrollment Questions:  
National Supplier Clearinghouse..... (800) 851-3682

Electronic Media Claims ..... (717) 820-5840  
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## Manager's Letter to Suppliers

The Travelers is pleased to have been awarded the contract to be the Region A Durable Medical Equipment Regional Carrier (DMERC). Our office will process Part B Medicare claims for durable medical equipment, prosthetics, orthotics, and supplies for the states of Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

The Travelers has very successfully participated in the Medicare program since its inception in 1966. Today, our involvement includes Part B operations in Connecticut, Minnesota, Mississippi, and Virginia. We also have field offices in Georgia and Utah which process Part B claims for the Railroad Retirement Board, along with a multi-state Medicare Part A operation, a shared processing arrangement with Blue Cross/Blue Shield of Rhode Island, and the Keystone Common Working File Host.

Published quarterly, DME Medicare News will keep you advised of all aspects of Part B DMEPOS claim activity during the transition and operation stages. This newsletter will provide tips and other information that will help process your claims more timely.

I am proud to have been selected to manage the Northeast DMERC Service Office located in Wilkes-Barre, Pennsylvania. Our staff looks forward to fostering open communications with everyone involved in the DME process and is committed to providing the best possible service. We look forward to an open relationship with you in the supplier community.

We encourage you to make your concerns known to us. Our success depends on our combined efforts.

Steve Crittenden  
District Manager

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# The Travelers Experience

Some of our staff have had the opportunity to meet suppliers over the past several months. We look forward to meeting many more. For those of you who we have not had the chance to meet, we would like to take this opportunity to tell you about some of our key people

**STEPHEN CRITTENDEN**  
District Manager (717) 820-5701

Steve has twenty-eight years experience with The Travelers, fifteen of which were with the Virginia Medicare Part B Carrier. Steve is responsible for the entire operation of the Region A DMERC Service Office

**CONNIE PARRY**  
Manager (717) 820-5702

Connie has fourteen years of experience with the National Railroad Medicare Part B Carrier. Connie is responsible for all claim processing activities

**GERALD BLANK, M.D.**  
Medical Director (717) 820-5703

Dr. Blank has seven years of experience with The Travelers: two as the Connecticut Area Carrier Part B Medical Director, and three as The Travelers National Medicare Director. Dr. Blank is responsible for all Regional Medical Policy.

**STONE DAUGHERTY**  
Manager of Provider Relations (717) 820-5708

Stone has six years of experience with the National Railroad Medicare Part B Carrier. Stone is responsible for all supplier relations and telephone service.

**LISA OLENIC**  
Manager of Electronic Media Claims (717) 820-5706

Lisa has four years of experience with The Travelers in the Virginia Medicare Part B Carrier. Lisa is responsible for EMC marketing, testing and production maintenance and performance.

**SHERRY MELONAS**  
Manager of Medical Review (717) 820-5713

Sherry has six years of experience with the Connecticut Medicare Part B Area Carrier. Sherry is responsible for all Medical and Utilization Review.

**GERALDINE RAM**  
Manager of Program Integrity (717) 820-5710

Geraldine has sixteen years of Medicare Part B experience with a New York Medicare Part B Carrier. Geraldine is responsible for all Fraud and Abuse reviews and investigations. Geraldine will be working closely with various offices of Inspector Generals, as well as various local, state and federal agencies.

**CHERYL SNOW**  
Manager of Resolutions (717) 820-5715

Cheryl has 14 years experience with the National Railroad Medicare Part B Carrier. Cheryl is responsible for the resolution of all claims rejected by the Common Working File, all Secondary Payor coordination, and all Financial Adjustments (over- and underpayments).

**MARY BOGGS**  
Manager of Beneficiary Relations (717) 820-5709

Mary has three years experience with the Virginia Medicare Part B Area Carrier. Mary is responsible for all relations with and services provided to the Medicare beneficiaries.

# Transition

The transition of processing Medicare DMEPOS claims from the local area carrier to the DME Regional Carrier (DMERC) will occur in phases across the country. Specific instructions and procedures to follow at the time of transfer will be included in future newsletters and in handouts that will be distributed at supplier seminars.

The following examples cover a variety of situations from the DMERC's, the local carrier's, and the supplier's perspectives.

## Examples

1. The supplier is located in Rhode Island, and the beneficiary resides in Rhode Island.

Beginning October 1, 1993, the supplier is to submit their DMEPOS, claims which used to be sent to RI/BS, to the Region A DMERC.

2. The supplier is located in Rhode Island, and the beneficiary resides in Florida.

Beginning October 1, 1993, the supplier is to submit their DMEPOS claims, which used to be sent to RI/BS, to the Region C DMERC.

3. The supplier is located in Massachusetts, and the beneficiary resides in Rhode Island.

Beginning November 1, 1993, the supplier is to submit his DMEPOS claims, which used to be sent to MA/BS, to the Region A DMERC.

Note: Rhode Island transitions on October 1 1993; Florida transitions on February 2, 1994; Massachusetts transitions on November 1, 1993.

## State-by-State Transfer Schedule

Date	Region A	Region B	Region C	Region D
10/01/93	Connecticut Rhode Island	Indiana District of Columbia Minnesota	South Carolina	
11/01/93	Massachusetts	Ohio West Virginia	North Carolina Tennessee Kentucky New Mexico Oklahoma Mississippi	Montana Idaho Washington
12/01/93	New Jersey Maine New Hampshire Vermont Delaware	Maryland Illinois Wisconsin	Louisiana Alabama Arkansas Colorado Georgia	Utah Missouri Nebraska Kansas North Dakota South Dakota Iowa
01/01/94	Pennsylvania	Michigan Virginia	Puerto Rico Texas Virgin Islands	Wyoming Alaska Oregon
02/01/94	New York		Florida	Marianna Islands California Nevada Hawaii Arizona Guam/American Samoa

## DMERC Northeast Region A Training Seminar Schedule

State	City	Meeting Site	Meeting Date	Transition Date
CT	Bridgeport	Holiday Inn, 1070 Main Street, (203) 334-1234	07/13/93	10/01/93
	Vernon	Colony Inn, 51 Hartford Turnpike, (203) 646-6556	07/15/93	
	New London	Radisson, 35 Governor Winthrop Blvd, (203) 443-7000	07/19/93	
RI	Providence	21 Atwells Avenue, (401) 831-3900	07/20/93	
MA	Rockland	Ramada Inn, 929 Hingham Street, (616) 871-0545	08/03/93	11/01/93
	Springfield	Sheraton, 1 Monach Place, (413) 781-1010	08/05/93	
ME	Bangor	Ramada Inn, 357 Odlin Road, (207) 947-6961	09/02/93	12/01/93
	Augusta	Best Western, 284 Western Avenue, (207) 622-5804	09/08/93	
	Portland	Ramada Inn, 1230 Congress Street, (207) 774-5611	09/09/93	
NH	Concord	Ramada Inn, 172 N. Main Street, (603) 224-9534	09/16/93	
VT	Burlington	Radisson, 60 Battery Street, (802) 658-6500	09/21/93	
DE	Milford	Bay Fisherman Family Restaurant, RD 2, Box 378, (302) 422-2777	09/23/93	
NJ	Freehold	Freehold Gardens, Rt 537 & Gibson Place, (908) 780-3870	09/27/93	
	Newark	Holiday Inn, 160 Holiday Plaza, (201) 589-1000	09/28/93	
	Gloucester	Gloucester Inn, Rt 130 & N/S Freeway, (609) 456-7400	10/05/93	
PA	Philadelphia	Best Western, 11580 Roosevelt Blvd, (215) 464-9500	10/08/93	01/01/94
	Harrisburg	Ramada Inn, I83 and PA Turnpike, (717) 774-2721	10/12/93	
	Johnstown	Holiday Inn, 250 Market Street, (814) 535-7777	10/14/93	
	State College	Days Inn, 240 S. Pugh Street, (814) 238-8454	10/19/93	
	Monroeville	Radisson Hotel, 101 Mall Blvd, (412) 373-7300	10/21/93	
	Erie	Bel Aire Hotel, 3800 West 8th Street, (814) 833-1116	10/26/93	
	Wilkes-Barre	Genetti Best Western, 77 Market Street, (717) 823-6152	10/28/93	
NY	Ronkonkoma	Holiday Inn, 3845 Veterans Memorial Hwy, (516) 585-9500	11/01/93	02/01/94
	Forest Hills	Best Western Midway, 10825 Horace Harding Expwy, (718) 699-4400	11/02/93	
	Albany	Ramada Inn, 1228 Western Avenue, (518) 489-2981	11/03/93	
	Plattsburgh	Comfort Inn, 495 Cornelia Street, (518) 562-2730	11/09/93	
	Syracuse	Holiday Inn, 100 Farrel Road, (315) 457-8700	11/11/93	
	Binghamton	Holiday Inn Arena, 2-8 Hawley Street, (607) 722-1212	11/15/93	
	Rochester	Holiday Inn, 120 E. Main Street, (716) 546-6400	11/18/93	
	Buffalo Area	Ramada Inn, 6643 Transit Road (Williamsville), (716) 634-2700	11/30/93	

**\* To attend a training seminar, please call the Supplier Toll-Free Line to reserve a space. You will be asked to identify your supplier organization, the number of attendees, and the session you will be attending.**

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# Professional Relation

Our Professional Relations staff will be offering many educational training seminars in convenient locations throughout the region. The seminars provide opportunities for suppliers, beneficiaries, and all other interested parties to meet with the DMERC staff, receive up-to-date information and instruction, ask questions and discuss issues. Each date shown on the schedule includes three separate sessions:

*Session 1: 9 AM to 1 PM:* Covers billing, CMN, medical policy, pricing, coding, EMC, and Crossover.

*Session 2: 2 PM to 4 PM:* Focuses on beneficiary issues and concerns, such as, prescriptions, waivers, balance billing, claims submission, and claim help.

*Session 3: 5 PM to 9 PM:* Presents the same topics as the first session for those unable to attend the morning session.

Ombudsmen have been assigned to specific regions and are your personal contacts for any questions concerning the transition policies, procedures and training.

## Professional Relations Staff

**Manager:** Stone Daugherty  
Wilkes-Barre, PA  
(203) 820-5708

**Ombudsmen:**  
  
Pennsylvania: Mike Tushup  
(717) 820-5708

New Jersey and Delaware: Lon Melonas  
Wilkes-Barre, PA  
(717) 820-5712

New York City Metropolitan: Vince Temples  
Wilkes-Barre, PA  
(717) 820-5711

New York State: Martin Szmaj  
Wilkes-Barre, PA  
(717) 820-5846

A comprehensive *Supplier Manual* will be mailed to each registered supplier by August 15, 1993. The manual will contain the following sections:

- q Supplier Enrollment
- q Instructions for Completing HCFA-1500 Claim Forms
- q Electronic Media Claims (National Standard Format), including Remittance Advice and Electronic Funds Transfer
- q Pricing
- q Appeals
- q HCPCS Codes and Definitions
- q System Outputs (Remittances, Letters, etc.)
- q Information Contacts (Telephones and Addresses)
- q Region-wide Medical Review Policy, including documentation requirements

Questions concerning these issues or related topics may be directed through our toll-free line to an ombudsman or a supplier customer service representative.

## Questions & Answers

1. **Would it be possible to have break-out sessions by provider type so that these educational meetings can be more effective?**  
Yes, we will make these arrangements upon request.
2. **When will toll-free lines be effective?**  
Toll-free lines for suppliers are currently available. The toll-free supplier number is: 1-800-842-2563.

**SUPPLIER TOLL-FREE LINE**  
**1-800-842-2563**

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# Electronic Media Claims

Medicare claims submitted electronically have the benefits of being filed faster, more efficiently, and more cost-effectively than paper claims. If you do not bill claims electronically, consider the following advantages of EMC:

- q 14-day turnaround vs 27-day turnaround for paper claims.
- q Increased accuracy and minimized rejections. Direct processing; i.e., processors do not rekey the claims.
- q Availability of Electronic Remittance Notice (ERN) for faster posting.
- q On-line claim status verification.
- q Electronic Certificates of Medical Necessity (CMN).
- q Ability to submit claims 24 hours a day, 7 days a week, including holidays.
- q A unit dedicated solely for EMC support for faster problem resolution.
- q Electronic Funds Transfer (EFT).
- q Free Travelers software.

EMC is available to both participating and non-participating suppliers. Assigned and non-assigned claims are accepted.

## Free Software Program

The Travelers offers free DMEPOS billing software that allows for direct submission of claims to Medicare:

- q *Patient Database.* Patient demographic information is stored in memory.
- q *Simplified Entry.* Uses only one claim entry screen that resembles the HCFA 1500 Form.
- q *Printed Reports.* Allows you to keep a record of all claims and the date submitted.
- q *User Friendly.* An instructional manual combined with easy-to-use menus will take you through the program step-by-step.
- q *Technical Support.* The Travelers maintains a fully staffed customer support team available through a help desk hotline. By dialing the help desk, the caller will receive complete installation and operating procedures,

plus ongoing technical support. This team is dedicated solely to the support of our EMC submitters.

## National Standard Format

The four DME regional carriers have established a common set of data items and values for the National Standard Format (NSF) for the data from the HCFA-1500. Medical Directors are currently establishing regional medical policy which may impact the design of the Certificate of Medical Necessity. Since the final version of the medical policy will not be available until July 1, 1993, final EMC specifications for the Certificate of Medical Necessity portion of the National Standard Format will not be available prior to that date. We do anticipate having a draft version available by June 1, 1993.

Suppliers in Rhode Island and Connecticut can immediately implement EMC by using The Travelers free software. To do so, please contact the DMERC office.

The Region A DMERC EMC contact is Lisa Olenic, EMC Manager. Lisa, or any member of her staff, can help you. Please call (717) 820-5706 or FAX (717) 820-5850.

## Testing

Testing for EMC submitters will begin in July. Vendors, billers, early boarders, and suppliers in the first states to transition will receive prompt attention and support. All parties interested in EMC can request and receive free EMC software and will be promptly scheduled for testing.

## Questions & Answers

1. **Will one national standard format be accepted by all four DMERC's?**  
Yes, all the DMERCs are currently working on one NSF matrix.
2. **When will the NSF be available? Have there been recent revisions to the NSF specifications?**  
The revisions to the NSF matrix are expected to be available by July 1, 1993. A draft version is expected to be available by June 1, 1993.

3. **When will testing start for electronic submissions by suppliers? What is the process for obtaining approval to submit electronically?**

Testing will begin in June, with an initial group of select billers and suppliers. Full testing will begin in July.

4. **Are suppliers who currently submit claims electronically required to convert to the NSF initially, or will there be a transition period where existing EMC formats will be accepted?**

The DMERCs will only accept claims electronically in the National Standard Format (NSF). Any supplier that is not currently submitting NSF can contact The Travelers EMC department to receive the disk and matrix for the NSF program.

5. **Will the DMERC provide free EMC software?**

Yes, free EMC software will be available.

6. **Will the DMERC provide on-line claims query?**

Yes

7. **Will the DMERC provide electronic claims payment?**

Electronic Funds Transfer will be available for EMC submitters..

8. **Will the DMERC provide the Medicare remittance notices (EOMBs) electronically?**

Yes, for EMC submitters. The Travelers will work with crossover entities for acceptance of printouts of electronic EOMBs.

9. **Are there any other incentives for suppliers?**

Clean electronic claims are paid after the 14th date of receipt vs 27 days for paper. Legislation has been proposed that will require a \$1 charge per claim for the submission of paper claims.

10. **Will the DMERC provide EMC technical support? If so, will this be provided on-site or will it be limited to telephone assistance?**

Yes. EMC Technical Support will be primarily by telephone, but on-site visits will be available. 11.

11. **Will you accept the prescription electronically?**

Certificates of Medical Necessity (CMNs) will be accepted electronically. Prescriptions may be indicated as being on file on the CMN and may not be required to be submitted. This issue is still under discussion.

12. **Does an out-of-state supplier need a supplier number issued by the DMERC or the NSC before beginning to test EMC?**

All suppliers need their 10-digit Medicare number issued by the NSC first. After they receive their Medicare number, they can contact the DMERC for electronic numbers. The first DMERC contacted by a supplier will issue a single submitter number. DMERCs will share their information by passing it on to other DMERCs.

13. **The DMERC medical directors will be changing the coverage criteria for DME, and we are assuming that the CMN records in the NSF will be modified to reflect these changes. Should a DME supplier wait to begin testing until the final version of the NSF is published?**

DMERCs expect to release a common EMC NSF format by July 1,1993. We suggest a supplier wait (although not required to wait) until the final version of the NSF is published to test.

14. **If a DME supplier currently submits NSF to their local carrier, will the supplier have to test with a DME Regional Carrier?**

Yes. Due to changes to the NSF and the establishment of communication links with the DMERC, testing will be required.

15. **If a DME supplier begins testing the NSF today with a DMERC and is approved to begin submitting claims, will the supplier need to go through the testing process again if the NSF version changes?**

No. Retesting will not be required 52for just an NSF format change.

16. **Does the DMERC test the content of the electronic claims submitted by testing the claims through the adjudication system to ensure that not only does that data meet the high-level edits but that it also is sufficient to meet the clean claim criteria?**

No. EMC tests only ensure that the EMC key elements are in the proper format and position in each record. Other issues regarding the cleanliness of the claim are addressed separately after a supplier goes into production. Cleanliness of a claim is handled through educational contacts.

17. **What back-up plan does the DMERC have in case they have not approved all electronic claims and the supplier is forced to submit claims on paper? Will the paper claim payment floor be waived?**

We do not foresee a problem with testing all potential EMC submitters for production.

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18. **If, through no fault of the DME supplier, the DMERC cannot accept electronic claims and the supplier is forced to submit claims on paper, will the paper claim payment floor be waived?**

Policy on this has not been established. Information will be forthcoming as soon as it becomes available.

19. **How does the DMERC's system adjudicate an electronic CMN? Does their system make a medical coverage decision, or does it require human intervention?**

Both, depending on the claim. Based on established medical policies, Yes/No question sets were developed and used to revise the CMN and to program computers. Claims will be automatically approved or referred for review based on specific answer patterns. 20.

20. **HCFA is requiring Medicare carriers to accept the ANSI electronic format for claims by October 1, 1993. How long will DME suppliers have before they are required to convert again from the NSF to ANSI?**

Usually there is a three-year period during which conversion from old formats can be accomplished. Final policy decisions have not been made to our knowledge.

## Crossover

Crossover arrangements, including Medigap, will be developed for all entities having arrangements with area carriers. Arrangements with any new entities will also be developed as they come to our attention. Our EMC staff will be handling crossover arrangements. Please call Lisa Olenic for further information.

## Questions & Answers

1. **Do you have a list of crossover contracts now in effect with local Medicare carriers?**

We have a list of the current crossover contracts, and we will negotiate with all crossover entities. We will pursue establishing new crossover agreements with any entities brought to our attention.

2. **Is HCFA developing a new National Standard Format for crossovers?**

Yes. HCFA is finalizing an NSF for Coordination of Benefits, anticipated to be effective on October 1, 1993.

In the past, this activity was called Medicare Crossover. Standard formats for both claim crossovers and eligibility records will be included.

3. **Are Supplemental Insurers expected to use the new NSF for COB instead of existing non-standard crossover formats?**

\*If a crossover arrangement does not currently exist with The Travelers, establishment of a crossover agreement would be expected to utilize the new NSF COB format.



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# Claim Processing

The claim processing staff will be entirely located in Wilkes-Barre, PA. The process involves the entry of information from the HCFA-1500 Form and CMNs into our computer system. Data from paper and electronic claims is edited and either approved for payment, referred for review, or rejected. Approved claims data is sent to the Common Working File (CWF) host computer system for further editing. Claims passing the CWF edits are paid; rejected claims are reviewed, developed and corrected.

## Questions & Answers

1. **Will there be more than one facility where claims will be processed?**

No, all claims for the Region A DMERC will be processed in Wilkes-Barre, PA.

2. **Are you planning specialty claim processing units? How will the claim processing staff be organized?**

Specific claim processors will be trained on specialty claims. Specialty processors will include Orthotics and Prosthetics. These specialty processors may constitute an individual unit.

3. **Will there be new HCFA-1500 claim form instructions? If so, when can we receive a draft to provide comments?**

The new instructions will be included in the Supplier Manual. Draft sections of the Supplier Manual will be available, in early June. The final version of the Supplier Manual is scheduled for mailing on August 15, 1993.

4. **Will Type of Service codes be required?**

Type of Service codes will not be required.

5. **Will Place of Service codes be required?**

A Place of Service is required. The office or patient's residence will be accepted. Specific instructions on this item will be provided in the *Supplier Manual*.

6. **Will you accept FAX'd claims?**

We are looking at accepting FAX'd claims under certain circumstances, where they are submitted as an electronic claim. Additional information will be made available as it develops.

7. **What Medicare Secondary Payor changes can suppliers expect as a result of DMERC claim processing?**

There should be no changes in the processing of Secondary Payor claims.

8. **Will supplier responses to development letters from initial claim processing be handled by telephone? Will supplier-initiated claim review be handled by telephone?**

Telephone responses on development letters will be accepted. At the present time, formal appeal requests must be written, general review requests can be initiated by telephone. We will provide more information on this issue prior to cutover to the DMERCs.

9. **Will access to the Common Working File be available? If not, are there any plans to allow providers to query for Medicare eligibility?**

No access will be available to the Common Working File. We will respond to inquiries for Medicare eligibility on individual claims, in unique situations.

10. **If a beneficiary maintains two residences or is temporarily residing in another state for vacation, personal reasons, etc., how is primary residence established? Will the supplier be required to verify what the beneficiary states is their primary residence?**

Primary residence is where the beneficiary resides, or intends to reside more than 6 months of the year. We will accept the residence that appears on the claim as furnished by the supplier. The supplier should question the beneficiary as to his/her primary residence but is not required to further develop or investigate at this time.

11. **If the beneficiary claims the wrong residence to be their primary residence and the supplier unknowingly bills the wrong DMERC, will the claim be processed as submitted or will the claim be transferred to the correct DMERC for processing?**

The claims will be transferred to the correct DMERC location for processing, based on the beneficiary address appearing on the claim.

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12. **If a patient permanently relocates, how will the DMERC know this information so that claims are not improperly redirected to another DMERC?**

The address on the claim dictates the DMERC that will process the claim. If the beneficiary permanently relocates, the new permanent address should appear on the claim.

13. **What is HCFA's current plan with regard to cash advance payments to suppliers in the event of a significant cash flow crisis? What is the process for obtaining these payments?**

The cash advance payment plan is currently under contractors. Information will be provided as soon as available.

## Pricing

Each DMERC will receive the current pricing file from each of the area carriers in its region. The regional DMERC will adopt the same pricing policies, including codes and prices currently in effect for the area carriers. Local codes, however, are an exception. All local codes have been identified and given to the Statistical Analysis DME Regional Carrier (SADMERC). The SADMERC is using this information to develop Level III codes and prices. These Level III codes, prices, and crosswalks between new and old codes will be available in August.

### Question & Answers

1. **Will DMERCs have local codes?**

Yes. The DMERCs will utilize local (Level III) codes. The establishment and maintenance of Level III codes are the responsibility of the SADMERC. Unlike carriers today, the individual DMERCs cannot establish their own Level III codes and must rely on the SADMERC. Any petitions for a Level III code should be forward to the SADMERC for consideration.

2.

3. **Will suppliers continue to use the same local codes they are presently using?**

No. The existing local codes will not be recognized by the DMERC processing systems. The SADMERC is in the process of establishing the national local codes and the crosswalk from the old codes to the new national codes. These will be published as soon as they are released by the SADMERC.

4. **What will happen to the local modifiers some suppliers have been using?**

We have asked the carriers to provide their local DMEPOS modifiers and a description of their use within the system. This will help identify what impact the removing of such modifiers will have on educational efforts. Existing local modifiers will not be used by the DMERCs. The SADMERC is responsible for establishing any local modifiers.

5. **How will a DMERC know the allowed amount on a unlisted procedure code?**

As indicated earlier, the pricing and processing instructions used by the carriers will be secured and forwarded to the DMERCs to be used in establishing an allowance for each unlisted or not-otherwise-classified code. For those codes for which no local precedent is available, the normal gap-filling techniques will be applied. Medical Policy Development

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# Medical Policy Development

Each Durable Medical Equipment Regional Carrier is developing Regional Medical Policy. The policies will address the top 100 and associated DMEPOS HCPCS codes and certain other special DMEPOS items. DMEPOS is an acronym which identifies the items to be processed by the DMERCs; i.e., Durable Medical Equipment, Prosthetics, Orthotics and Supplies.

Medical policies are being developed and released or review and comments to national and local supplier organizations, state medical societies and certain physicians, and specialties who are participants in the local Area Carriers' Carrier Advisor Committees. Only specialists with interests in the specific policies are included. Associations are also included.

The Medical Policies were released in three segments:

- q Hospital Beds, Lifts, Canes, Crutches, Walkers, Commodes. Policies were released on March 30, 1993.
- q Wheelchairs, TENS, Orthotics, Pumps. Policies were released on April 15, 1993.
- q Prosthesis, Parenteral and Enteral Nutrition, Mattresses, Ostomy Supplies, Oxygen, CPAP, IPPB. Policies were released on April 30, 1993.

For Region A, comments for each of the three segments are due June 15, 1993.

Final Medical Policy will be included in the *Supplier Manual* to be mailed by August 15, 1993.

Contacts for Region A DMERC Medical Review are: Dr. Gerald Blank, DMERC Medical Director, and Mrs. Sherry Melonas, Medical Review Manager. The Region A DMERC mailing address is:

The Travelers Insurance Companies, Inc.  
320 South Pennsylvania Blvd.  
Wilkes-Barre, PA 18701-2215  
1-800-842-2563

## Questions & Answers

1. **To what extent do you expect that regionwide medical review policies will vary among the DMERCs?**

Some variations may develop, although there will be as much consistency as possible between the four DME regional carriers.

2. **Will all medical review policies be published in the Supplier Manual?**

Yes.

3. **If the new regionwide medical review policy is more restrictive than the current local policy (or if no local policy exists), how will you implement the grandfather provisions?**

Grandfather provisions are still being considered.

4. **Will the medical review staff include persons with specialty expertise, for example Orthotics and Prosthetics?**

The Medical Review staff will be thoroughly trained in all aspects of DME, Orthotics, Prosthetics, and all other specialties. Some specialization may occur.

5. **Are there any L codes which will not be covered under any circumstances? If so, please identify those codes for our review and comment.**

This is still under development by the Medical Director. This information will be contained in the Supplier Manual.

6. **Can regular meetings be scheduled with organizations to discuss medical policy issues and concerns affecting all types of suppliers?**

Yes. We would like to schedule regular meetings with the various associations' Region A transition teams.