

DME Medicare News

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

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Contacts

Supplier Toll-Free Number	(800) 842-2563
Enrollment Questions: National Supplier Clearinghouse	(800) 851-3682
Beneficiary Assistance	(800) 842-2052
Electronic Media Claims	(717) 820-5840
FAX	(717) 820-5850

Updated Training Schedule

An updated Training Seminar schedule is found on page 7. Please be sure to bring your *Supplier Manual* with you to the seminar.

DME Medicare News Distribution Notice

In the future, suppliers that do not have a NSC supplier number will not receive new editions of *DME Medicare News*. To obtain a NSC number, please call (800) 851-3682.

Letter to Physicians

Practitioners who dispense the following items, must have a supplier number issued by the National Supplier Clearinghouse (NSC):

- Durable Medical Equipment
- Prosthetics and Orthotics
- Supplies, such as surgical dressings and ostomy supplies for patients to use at home
- Optical lenses
- Crutches from the office
- Chemotherapeutic drugs used in home infusion pumps

Claims submitted to Medicare without a NSC supplier number will be returned. To obtain a NSC number, call (800) 851-3682 for an application. Once registered with the NSC, physicians and suppliers should call the Supplier Toll-Free Number [(800) 842-2563] to obtain a *Supplier Manual*.

Certificate of Medical Necessity

All physicians whose Medicare eligible patients require durable medical equipment, prosthetics, orthotics, and supplies are responsible for verifying the clinical information on the Certificate of Medical Necessity (CMN), which is submitted to the DME Regional Carrier with claims for these items. In many cases, the physician or someone in the office is directly responsible for supplying this information. While the supplier may be able to complete some of the items on the CMN form, ***the physician has the ultimate responsibility to review, sign, and date the CMN, thereby testifying to the accuracy of the information.*** The process ensures the physician maintains control over the appropriate use of needed medical equipment.

Dr. Paul Metzger

Beneficiary Services

On September 1, 1993, the Beneficiary Toll-Free Number became available. This number, (800) 842-2052, can be used by Medicare beneficiaries and organizations representing the Medicare beneficiary population. Service representatives are available to answer questions and provide information on Medicare DMEPOS claim processing activities.

Beneficiaries are welcome to attend training seminars and should call the Beneficiary Toll-Free Number if interested. Our Beneficiary Services Representatives are available for presentations at any meetings held by beneficiary organizations. Please call the Beneficiary Toll-Free Number with information regarding upcoming meetings.

Pages 3 and 4 contain information of interest to Medicare beneficiaries concerning the regionalization of durable medical equipment, prosthetics, orthotics, and supplies. Please feel free to reproduce and use this information in newsletters, statements, invoices, etc. that you distribute to your Medicare beneficiaries to inform them about the transition.

Revised State-by-State Transition Schedule

Medicare Beneficiaries . . .

Durable Medical Equipment News

A change is taking place in the handling of Medicare Part B for the following services:

- Oxygen
- Durable Medical Equipment (e.g., walkers, wheelchairs, hospital beds)
- Home Dialysis Equipment and Supplies
- Prosthetic and Orthotic Supplies (e.g., artificial limbs, braces)
- Immunosuppressive Drugs (e.g., drugs used after organ transplant surgery)
- Parenteral and Enteral Nutrition and Supplies
- Eyeglasses

All other services covered by Medicare Part B will continue to be sent to the local Medicare Part B carrier. Medicare beneficiaries should not send any claims to a Medicare carrier; only the supplier of the service or equipment should bill the Medicare carrier.

Old Method: The Medicare claim went to the local Medicare carrier servicing the state where the supplier is located.

New Method: The Medicare claim will be sent to the Durable Medical Equipment Regional Carrier servicing the beneficiary's state of primary residence (i.e., the state where the beneficiary lives for at least six months plus one day of the year).

For the items noted above, the changes in the handling of Medicare claims do not require any action by the Medicare beneficiary. The physician prescribing these items, the suppliers of the items, and the Medicare carriers are coordinating the handling of claims for these items. However, if you have any questions or concerns regarding the coverage for these items, please call the Beneficiary Toll-Free Number at (800) 842-2052.

The methods of handling these claims will change in each state based on the following dates:

- 11/01/93 CT, MA, RI
- 12/01/93 DE, ME, NH, NJ, VT
- 01/01/94 PA
- 02/01/94 NY

If you have any questions regarding Medicare claims for the items mentioned above, please contact The Travelers Medicare Durable Medical Equipment Regional Carrier at:

The Travelers Insurance Company
Durable Medical Equipment Regional Carrier
Suite 339, 320 S. Pennsylvania Blvd
Wilkes-Barre, PA. 18701-2215

Beneficiary Toll-Free Number: (800) 842 - 2052

Beneficiary Primary Residence

Claims are sent to a Durable Medical Equipment Regional Carrier based on the state of the beneficiary's primary residence. Primary residence is where the beneficiary resides for 6 months plus 1 day, or longer, each year. When any of the services mentioned are involved and are covered by Medicare Part B, be sure to provide the beneficiary's primary address to the supplier of the services or equipment.

Railroad Medicare Beneficiaries

Railroad Medicare beneficiaries receiving these types of services are also affected by the DME regionalization. The Railroad Medicare Claim Service Center will no longer process claims for durable medical equipment, prosthetics, orthotics, and supplies. This change takes place on a state-by-state basis for Railroad Medicare beneficiaries on the same schedule as all other Medicare beneficiaries.

Railroad Medicare Beneficiaries should continue to contact the Railroad Medicare Claims Service Center for all services not described above.

Railroad Medicare Beneficiary
Claim Service Center
Toll-Free Number

(800) 833 - 4455

How Do I Contact the Medicare Durable Medical Equipment Regional Carrier?

Before calling, please have this information available:

- Patient's Date of Birth
- Patient's Medicare Number (Red-White-Blue card)
- Control Number, located on the Explanation of Medicare Benefits
- Pencil and Paper

For Rotary phones:

1. Dial (800) 842 - 2052.
2. Listen to the greeting. Wait, and a Service Representative will quickly answer your call.

For Touch-Tone phones:

1. Dial (800) 842 - 2052.
2. When requested, enter the patient's date of birth. (i.e., May 20 = 0520).
3. When requested, press the appropriate number.
 - Press 1 Requests information about a patient's claim or deductible status.
 - Press 0 Connects you with a Service Representative.
 - Press 9 Ends your call.

Claim or Deductible Status Information

If you previously pressed "1" to obtain information on claim or deductible status, these options are available:

- Press 1 Gives information about a patient's deductible status.
- Press 2 Gives information about a claim, when the service date is known.
- Press * Repeats the list of choices.
- Press 8 Returns to the main list of choices.
- Press 9 Ends the call.
- Press 0 Transfers calls to a Service Representative

Informational Seminars

Informational seminars are being held throughout the northeast area to familiarize beneficiaries, suppliers of equipment, orthotics, prosthetics and supplies, physicians, and other with the change in the handling of Medicare claims.

To attend a training seminar, or if you have questions regarding the seminars, please call The Travelers Durable Medical Equipment Regional Carrier at (800) 842 - 2052.

Do You Suspect Fraud and Abuse?

If you believe a provider of health care services is performing unnecessary or inappropriate services, or is billing Medicare for services you did not receive, please contact the Medicare carrier that handles your claims from that provider.

Suspected Medicare fraud should be reported immediately. If you have any concerns regarding your claims for Durable Medical Equipment, prosthetics, orthotics or supplies, please call The Travelers Durable Medical Equipment Regional Carrier at (800) 842-2052.

The DMERC staff appreciates the interest shown by many beneficiaries and beneficiary organizations in deterring fraudulent activity in Medicare. If you identify any questionable practices that might defraud the Medicare program, please call any one of the following numbers:

Beneficiary Services	(800) 842-2052
Provider Relations	(800) 842-2563
Fraud & Abuse	(717) 820-5710

For more information, or if you have questions or comments on Fraud and Abuse, please call one of the above number or write to:

The Travelers Insurance Company
Durable Medical Equipment Regional Carrier
Attention: Fraud & Abuse Unit
Suite 339, 320 S. Pennsylvania Avenue
Wilkes-Barre, Pennsylvania 18701-2215

Region A DMERC Provider/Supplier Training Seminar Agenda

7:30 - 8:30	Registration	
8:30 - 9:00	Welcome/Introduction Supplier Enrollment Participating Provider Transition Process Automated Response Unit Questions & Answers	Mike Tushup
9:00 - 9:15	Claim Submission HCFA-1500 Form Crossover Medicare Secondary Payor EOMB/Provider Summary Questions & Answers	Joanne Nerbecki
9:15 - 9:45	Electronic Media Claims (EMC) Benefits of EMC Electronic Remittance Notice/ Electronic Fund Transfer	Beth Chabala
9:45 - 10:00	Medicare Denial Issues Limitation of Liability Appeals and Hearings Fraud and Abuse Questions & Answers	Mike Tushup
10:00 - 10:15	----- Break -----	
10:15 - 10:45	Pricing/Coding Questions & Answers	David Vaughan Vince Temples
10:45 - 11:20	Medical Policy Overview Questions & Answers	Dr. Blank Dr. Metzger
11:20 - 12:00	Group "A" Policies (see Addendum) Questions & Answers	Dr. Blank Dr. Metzger
12:00 - 1:00	----- Lunch -----	
1:00 - 2:30	Group "B" Policies (see Addendum) Questions & Answers	Dr. Blank Dr. Metzger
2:30 - 2:45	----- Break -----	
2:45 - 3:45	Group "C" Policies (see Addendum) Questions & Answers	Dr. Blank Dr. Metzger
3:45 - 4:00	----- Break -----	
4:00 - 5:00	Group "D" Policies (see Addendum) Questions & Answers	Dr. Blank Dr. Metzger
5:00 - 6:00	Parenteral/Enteral Nutrition Focus	Dr. Blank Dr. Metzger

Region A DMERC Provider/Supplier Training Seminar Medical Policy Addendum

Medical Policy Overview	<ul style="list-style-type: none"> Policy Development Absence of Policy Individual Consideration Documentation Certificate of Medical Necessity Prior Authorization Grandfathering 	Questions & Answers
Group "A"	<ul style="list-style-type: none"> Commodes Canes/Crutches Walkers Patient Lifts Seat Lifts Osteogenic Stimulators Transcutaneous Electrical Nerve Stimulators Lymphedema Pumps Repairs Breast Prostheses 	Questions & Answers
Group "B"	<ul style="list-style-type: none"> Fixed Height Beds Variable Height Beds Semi-Electric Beds Total Electric Beds Trapeze Bars and Bed Accessories Support Surfaces Air Fluidized Beds Sheepskins Manual Wheelchair Bases Motorized Wheelchair Bases Wheelchair Options and Accessories Power-Operated Vehicles Refractive Lenses Eye Prostheses Home Glucose Monitors 	Questions & Answers
Group "C"	<ul style="list-style-type: none"> Recumbent Ankle Positioning Splints Ankle/Foot Orthotics - Knee/Ankle/Foot Orthotics Spinal Orthotics: Thoracic/Lumbar/Sacral Orthotics Spinal Orthotics: Seating Systems Oxygen Continuous Positive Airway Pressure Device Suction Pumps Tracheostomy Care Supplies Immunosuppressive Drugs 	Questions & Answers
Group "D"	<ul style="list-style-type: none"> Home Dialysis Equipment Incontinence Appliances and Supplies Ostomy Supplies Surgical Dressings IV Infusion Pumps Parenteral Nutrition Enteral Nutrition 	Questions & Answers

Updated Training Seminar Schedule

During the development of Medical Policy, many comments were received. To allow time to respond to all comments, the regional training seminars have been rescheduled. An updated schedule is shown below. There will be one seminar from 7:30 A.M. to 6:00 P.M. at each location. Please review the updated schedule carefully.

State	City	Meeting Site		Date of Training	Date of Transition	
CT	Trumbull	Marriott Hotel, 180 Hawley Lane	(203) 378-1400	09/13/93	11/01/93	
	Farmington	Marriott Hotel, 15 Farm Springs Road	(203) 678-1000	09/20/93		
	New London	Port n' Starboard Banquet Hall, Ocean Beach Park	(203) 447-2346	09/21/93		
RI	Providence	Marriott Hotel, Charles at Ormes Street	(401) 272-2400	09/22/93	12/01/93	
MA	Cambridge	Marriott Hotel, 2 Cambridge Center	(617) 494-6600	09/23/93		
	Springfield	Sheraton Hotel, 1 Monarch Place	(413) 781-1010	09/27/93		
NH	Bedford	Sheraton Tara Wayfarer, 121 South River Road	(603) 622-3766	09/29/93		
VT	Burlington	Ramada Inn, 1117 Williston Road	(802) 658-0250	09/30/93		
ME	Bangor	Holiday Inn, 500 Main Street	(207) 947-8651	10/04/93		
	Portland	Ramada Inn, 1230 Congress Street, Int 295	(207) 774-5611	10/05/93		
DE	Dover	Sheraton Inn, 1570 North Dupont Hwy	(302) 678-8500	10/07/93		
NJ	Gloucester	Gloucester Inn, Rt 130 & N/S Freeway	(609) 456-7400	10/08/93		
	Freehold	Freehold Gardens, Rt 537 & Gibson Plaza	(908) 780-3870	10/12/93		
	Morristown	Governor Morris Hotel, 2 Whippany Road	(201) 539-7300	10/13/93		
PA	Wilkes-Barre	Genetti Best Western, 77 Market Street	(717) 823-6152	10/11/93	01/01/94	
	Harrisburg	Ramada Inn, I83 and PA Turnpike	(717) 774-2721	10/18/93		
	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		
	Johnstown	Anthony's Restaurant, 725 Scalp Avenue	(814) 266-9582	10/22/93		
	Erie	Bel Aire Hotel, 3800 West 8th Street	(814) 833-1116	10/26/93		
	Philadelphia	Sheraton Inn - Northeast, 9461 Roosevelt Blvd	(215) 671-9600	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		
	Manhattan *	U.S. International Court of Trade				11/04/93
		Ceremonial Court Room, 1 Federal Plaza (2nd Floor)	(212) 264-3124			11/04/93
	Schenectady	Best Western Rotterdam, 2788 Hamburg Street	(518) 355-1111	11/08/93		
	Plattsburgh	Comfort Inn, 411 Rt 3	(518) 562-2730	11/10/93		
	Elmira	Holiday Inn (Downtown Elmira), East Water Street	(607) 734-4211	11/12/93		
	Buffalo	Radisson Hotel, 4243 Genesee Street	(716) 634-2300	11/16/93		
	Rochester	Radisson Inn, 175 Jefferson Road	(716) 475-1910	11/17/93		
Syracuse	Quality Inn North, 1308 Buckley Road	(315) 451-1212	11/18/93			

* This session will be held from 9:00 A.M. to 5:00 P.M.

An edited video of a seminar is available on VHS cassette at a nominal cost.
To obtain a copy, please call (800) 842-2563.

Medical Policy

Since early in the year, the Medical Directors of the four regional DMERCs have been developing medical policies on items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The regional policies are consistent with National Coverage Decisions where applicable, as cited in the *Medicare Carrier Manual* and the *Coverage Issues Manual*. The Medical Directors worked together throughout the development process to ensure consistency in claims coverage criteria. While the Medical Policies of the four DMERCs are similar, there are differences in the accepted medical practices among the DMERC regions that could cause slight variations in the policies.

The original draft policies were released for comment. The comments, many of which aided in the refinement of the region-wide Medical Policies for each of the DMERCs, were received from national organizations, as well as individual suppliers, providers, and Medicare beneficiaries.

The first set of policies is included in the *Supplier Manual*. While these policies cover a majority of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies, some items are not addressed in the policies. Such items will be processed based on the *Medicare Carrier Manual* and *Coverage Issues Manual*, as well as by determinations of medical reasonableness and necessity. The process of policy development will continue in the future.

The Medical Director and his staff wish to take this opportunity to thank the many suppliers and individual beneficiaries for sharing their concerns and suggestions. Their input furnished a valuable component in the development of the final published medical policies.

Fraud and Abuse

The Travelers Region A DMERC has established a Medicare Fraud and Abuse Unit. This unit will receive allegations of fraud or abuse, misrepresentations, over-utilization issues, etc. directly from beneficiaries, physicians, suppliers, Office of Inspector General and other internal and external sources.

The primary objective of the unit is to identify cases of suspected fraud or abuse. The unit will develop, investigate, and refer potential cases to the Office of Inspector General for consideration and application of criminal prosecution, civil monetary penalties or administrative sanction action. When appropriate, the unit will attempt to recover Medicare claim payments which were determined to be paid inappropriately because of fraud and/or abuse involvement.

As each local carrier transfers DMEPOS claims responsibilities, files that are identified as cases of known and willful intent to defraud, or strongly suspected of intent to defraud, will be transferred to the DMERC. The DMERC will pursue these cases to conclusion.

The DMERC staff appreciates the interest shown by many suppliers and supplier organizations in deterring fraudulent activity in Medicare. If you identify any questionable practices that might defraud the Medicare program, please call any one of the following numbers:

Beneficiary Services	(800) 842-2052
Provider Relations	(800) 842-2563
Fraud & Abuse	(717) 820-5710

For more information, or if you have questions or comments on Fraud and Abuse, please call one of the above number or write to:

The Travelers Insurance Company
Durable Medical Equipment Regional Carrier
Attention: Fraud & Abuse Unit
Suite 339, 320 S. Pennsylvania Avenue
Wilkes-Barre, Pennsylvania 18701-2215

Crossover

Medigap

Medigap policies provide insurance coverage to Medicare beneficiaries for expenses not reimbursed by Medicare such as deductibles and coinsurance. These policies are issued to individuals. The Travelers uses two methods to crossover claim information on a Medigap policy. If the insurer is capable of programming for electronic crossover, we can supply crossover claims electronically for all beneficiaries. If the Medigap insurer is unable to accept electronic crossover, we will supply a paper EOMB report to the Medigap insurer for all participating providers when the beneficiary has assigned the claim. The Travelers will be able to perform this function for DME claims as of October 1, 1993. We currently supply information by paper exchange to approximately 500 insurers nationwide.

If you have any questions on Crossover, please call the Supplier Toll-Free Number at (800) 842-2563.

Complementary Insurers

For Medigap insurers where crossover will take place on a frequent basis, or for entities that sell policies offered by employers or Labor Unions to employees or former employees ("Supplemental" policies), The Travelers encourages the insurers to enter into a contractual agreement with us to exchange information exclusively through electronic transmission. This is called a Complementary Crossover Agreement. The Travelers will be ready to cross claims electronically to all interested insurers as of October 1, 1993. We have received information from all the local carriers in our region and the other DMERCs to establish a comprehensive list of all Complementary agreements in our area, and we are currently in the process of negotiating new agreements for DME. We are also assisting these entities in the complex task of programming their systems to the new National Standard Format required for all DME crossovers after October 1, 1993.

Supplier Manual

Copies of the DMERC Region A *Supplier Manual* will be mailed, no later than September 15, 1993, to all Region A suppliers who have been issued a NSC number. Any supplier enrolled with the NSC who did not receive a copy of the manual should contact the Region A Durable Medical Equipment Regional Carrier at (800) 842-2563.

Updates will be mailed periodically, at no charge, to suppliers enrolled through the National Supplier Clearinghouse and who have received a supplier number from the NSC. To order additional copies of the *Supplier Manual*, please send a certified check or money order to:

The Travelers Insurance Company
Durable Medical Equipment Regional Carrier
Attention: Professional Relations
Suite 339, 320 S. Pennsylvania Blvd
Wilkes-Barre, PA 18701-2215

There is no charge for the initial copy of the *Supplier Manual*. The cost for each additional manual is \$50.00, including shipping, handling, and future updates. Supplier Manuals will also be available for purchase at the training seminars.

Supplier Manual Updates

The Region A DMERC will be using *DME Medicare News* to provide the latest *Supplier Manual* updates as soon as they become available. Prereleased temporary replacement pages will be included at the end of the newsletter. These pages will be identical in format and style to the *Supplier Manual* pages. Please detach the pages from the newsletter, and insert them in the appropriate sections of the *Supplier Manual*. Periodically, all suppliers having a NSC number will receive all revision pages.

Please make the following changes to Sections 4 and 13 of the *Supplier Manual*:

Page:	Description of Change:
Page 4-4	Change the OCNA sequence from NZZZZZSSS to ZZZZZNSSS
13-13, 13-18 13-108	Change HD0 to HA0
13-35, 13-96	Change HAO to HA0

Level III HCPCS Code Update

Since the publication of the *Supplier Manual*, several additions to the National Level III HCPCS Codes have been made. Please retain a copy of this revised listing until the *Supplier Manual* update package arrives.

Medical And Surgical Supplies

- XX001 Sterile Saline, Unit Dose, Up to 5 ml, Each
- XX002 Blood Glucose Test For Reagent Strip For Home Blood Glucose Monitor, Per 25 Strips
- XX003 Platforms For Home Blood Glucose Monitor, 50 Per Box
- ZZ004 CPAP Supply, Component of Another Item
- ZZ006 TENS Supply or Accessory, Component of Another Item
- ZZ007 Tracheostomy Supply, Component of Another Item
- ZZ010 Transtracheal Oxygen Catheter for Patient-Owned Equipment
- ZZ011 Transtracheal Oxygen Catheter, Component of Another Item

Incontinence Appliances/Supplies

- XX004 Urinary Intermittent Catheter With Insertion Tray
- XX005 Therapeutic Agent For Urinary Catheter Irrigation
- ZZ002 Incontinence Supply, Component of Another Item

Ostomy Supplies

- XX006 Ostomy Deodorant, All Types, Per Ounce
- XX008 Ostomy Filters, Any Type, Each
- XX011 Nonadhesive Appliance Disc, Each

Ureterostomy Supplies

- XX007 Adhesive Remover Wipes, 50 Per Box

Infusion Pump Drugs

- XX009 Dobutamine, 250 Mg

Immunosuppressive Drugs

- XX010 Immunosuppressive Drug, Not Otherwise Classified

Orthotic Devices

- YY001 Dynamic Adjustable Elbow Extension/Flexion Orthosis
- YY002 Dynamic Adjustable Wrist Extension/Flexion Orthosis
- YY003 Dynamic Adjustable Knee Extension/Flexion Orthosis
- YY004 Dynamic Adjustable Ankle Extension/Flexion Orthosis
- YY005 Replace Soft Interface Material, Dynamic Adjustable Extension/Flexion Orthosis
- YY006 Dynamic Adjustable Finger Extension/Flexion Orthosis
- ZZ005 Prosthetic and Orthotic Supplies, Component of Another Item

Other Supply/Accessory Items

- ZZ001 Miscellaneous Supply or Accessory, Component of Another Item
- ZZ008 Delivery, Set-up and Dispensing Service, Component of Another Item
- ZZ009 Oxygen Supply or Accessory, Component of Another Item

HCPCS Codes Requiring a CMN

CMN		Question #	Description	Codes				
01.01	Hospital Beds/ Support Surfaces	1-7	Fixed Height	E0250	E0251	E0290	E0291	
			Variable Height	E0255	E0256	E0292	E0293	
			Semi-Electric	E0260	E0261	E0294	E0295	
			Total Electric	E0265	E0266	E0296	E0297	
		12-13, 21	Alternating Pressure Pads or Mattresses	E0180	E0181	E0277		
13-22	Air Fluidized Beds	E0194						
02.01	Manual/Motorized Wheelchairs	1-4	Motorized Wheelchair Base	K0010	K0011	K0012	K0013	K0014
		4, 18-20, 22	Manual Wheelchair Base	K0001 K0006	K0002 K0007	K0003 K0008	K0004 K0009	K0005
		4-18, 21	Wheelchair Options	K0016 K0028 K0047 K0101	K0017 K0029 K0048 K0196	K0018 K0030 K0052	K0020 K0031 K0053	K0025 K0046 K0222
03.01	Respiratory Equipment	12-14	CPAP	E0601				
		18-22	Suction Pumps	E0600				
04.01	Orthotics/ Lymphedema Pumps/ Osteogenesis Stimulators/ Therapeutic Shoes	1-6	Ankle/Foot Orthotics & Knee/Ankle Foot Orthotics	L1900 L2114 L2134 L2128 L2132 L2104	L1980 L1920 L2136 L2106 L2108 L2112	L2030 L1990 L1930 L1940 L1960	L2122 L2036 L2000 L2010 L2020	L2126 L2124 L2037 L2038 L2116
			Lymphedema Pump	E0650 E0665	E0651 E0666	E0652 E0667	E0655 E0668	E0660
			Osteogenesis Stimulator	E0747				
			Therapeutic Shoes	Q0117 Q0122	Q0118 Q0123	Q0119	Q0120	Q0121
			7-11					
05.01	Surgical Dressings/ Urological Supplies	1-3, 5-7	Surgical Dressings	A4190 A4460 K0152	A4200 K0148 K0153	A4202 K0149 K0154	A4203 K0150	A4454 K0151
		4-7	Urological Supplies	A4311 A4344	A4312	A4314	A4315	A4338

HCPCS Codes Requiring a CMN

CMN		Question #	Description	Codes				
05.01	Surgical Dressings/ Urological Supplies	1-3, 5-7	Surgical Dressings	K0148	K0149	K0150	K0151	K0154
		4-7	Urological Supplies	A4311 A4344	A4312 A4340	A4314	A4315	A4338
06.01	TENS	1-6 3-12	Rental TENS Purchase of TENS	E0720	E0730			
07.01	Seat Lift Mechanisms/ Power Operated Vehicles (POV)	1-5	Seat Lift	E0627	E0628	E0629		
		6-14	POVs	E1230				
08.01	Immunosuppressive Drugs	All	Immunosuppressive Drugs	J2920 K0122	J2930 K0123	K0119 K0124	K0120 K0125	K0121 XX010
09.01	Infusion Pumps/Home Glucose Monitors	9-13	Home Glucose Monitor	E0607	E0609			
		1-8	Infusion Pumps	E0781	E0791	E0776		
10.01	Parenteral or Enteral Nutrition	All, for PEN	Nutrients	B4150 B4164 B4186 B5100 B4155	B4156 B4184 B5000 B4154 B4178	B4180 B4216 B4153 B4176 B4197	B4199 B4152 B4172 B4193	B4151 B4168 B4189 B5200
			Supplies	B4034 B9999 B4222	B4083 B4036 K0147	B9998 B4220 B4082	B4035 Y4100 B4224	B4084 B4081
			Pumps/Pole	E0776	B9000	B9002	B9004	B9006

Cutover

Questions & Answers

1. How many business days before the cutover date should suppliers start mailing paper DMEPOS claims/CMNs or magnetic tape/diskette EMC to the Region A DMERC?

Suppliers should begin mailing claims to the Region A DMERC on the following date:

State:	If Cutover Date is:	Begin Mailing Claims to the Region A DMERC on: *
CT, RI, MA	11/01/93	10/27/93
DE, ME, NH, NJ, VT	12/01/93	11/24/93
PA	01/01/94	12/28/93
NY	02/01/94	01/27/94

* No consideration is given to date of service.

2. How many business days before cutover will the Region A DMERC begin accepting EMC transmissions?

Zero. EMC transmissions will not be accepted until the cutover date.

3. After cutover, how will the Region A DMERC handle:

o Non-DMEPOS claims (paper or EMC)?

Non-DMEPOS claims will be returned to the submitter. If claims are received with both DMEPOS and non-DMEPOS line items, the claim lines for DMEPOS will be processed and the claim lines for non-DMEPOS services will be rejected.

o Out-of-jurisdiction paper DMEPOS claims?

Out-of-jurisdiction paper DMEPOS claims will be rejected and the submitter will be notified.

o Out-of-jurisdiction EMC DMEPOS claims?

Out-of jurisdiction EMC DMEPOS claims will be electronically rerouted to the proper DMERC.

4. After cutover, how will local carriers handle paper DMEPOS claims and EMC DMEPOS claims?

After transition, local carriers will return all received DMEPOS claims to the submitter.

5. Will CMNs previously submitted to local carriers before cutover have to be resubmitted?

Previously submitted CMNs will be used except for Parenteral and Air Fluidized Beds which will require the submission of a new CMN to the DMERC.

6. Will local carriers be required to accept the new NSC-assigned supplier numbers before their cutover of DMEPOS claims?

No. The NSC-assigned supplier number can only be used, and must be used, with the DMEPOS claims submitted to the DME regional carrier.

7. How will the Region A DMERC handle claims with no supplier number or a supplier number that was not assigned by the NSC?

Claims received without a valid NSC-assigned number will be returned to the submitter. Suppliers must use their NSC-assigned supplier number.

8. During the initial transition/implementation period, will Region A DMERC Medical Policy become effective based on date of service?

No. All claims, regardless of dates of service, will be subject to Region A DMERC Medical Policies (including the grandfathering provisions) in effect on the date the claim is received.

9. Who handles reviews, fair hearings and claim adjustments for DMEPOS claims?

The carrier who processed the original claim is responsible for processing subsequent reviews, fair hearings, and claims adjustments.

10. What happens to offsets and/or overpayments that the local carriers were handling prior to cutover?

Supplier overpayment/offset information will be transferred to the Region A DMERC in two parts: when the early boarder workload moves, and when the local carrier claims workload transfers. The following overpayments will not be transferred to the DMERC:

- Beneficiary overpayments
- Summary cases under \$600.00
- Cases involving Extended Repayment Plan agreements being recovered through direct refund
- Cases the local carriers expect to fully recover in less than 30 days
- Cases pending Fair Hearings

Electronic Media Claims

Interested in a cost-effective and accurate method of submitting DMEPOS claims? Electronic billing can supply the solution. The Travelers offers a *free* software program called "Accelerate," which uses a claim entry screen that resembles the HCFA-1500 form. The EMC Team will assist with software installation and provide the support needed to run this program. By following the steps below, the EMC Team can start today to help you with electronic billing, even with a vendor or billing service.

Accelerate

1. Contact the EMC Team by phone, mail, or FAX.
2. A signature agreement will be mailed to you.
3. Upon receipt of the signature agreement, the EMC Department will issue a submitter number and send The Travelers "Accelerate" *free* software package to you.
4. Our EMC Team will then help you to install and transmit your DMEPOS claims.

Vendor/Billing Service

1. Contact the EMC Team by phone, mail, or FAX.
2. A signature agreement will be mailed to you.
3. Upon return of the signature agreement, the EMC Department will issue a submitter number. Contact your vendor/billing service to arrange for testing of at least 10 claims. Once these tests are passed, you are ready to transmit DMEPOS claims.
4. Our EMC Team will be glad to assist you in setting up to transmit your claims through a vendor/billing service.

The EMC Department can supply a vendor and billing service list upon request. Please call the Supplier Toll-Free Number to request this information.

EMC is available to both participating and non-participating suppliers. Assigned and non-assigned claims are accepted. Complete the form below for more information, and return it to the EMC Department by mail (DME Region A Service Office, Suite 339, 320 S. Pennsylvania Blvd, Wilkes-Barre, PA 18701-2215) or FAX (717-820-5850). If you have specific questions, please call 717-820-5840 or 717-820-5882.

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Please check all that apply:

I am interested and would like the **FREE** software package.

I would like more information regarding EMC submission mailed to me.

I have a computer system which is supported by _____
(indicate name of vendor/billing service). Please have an EMC Representative call me.

Office Name _____

Street _____

City _____ State _____ Zip _____

Telephone () _____

Contact Person _____ Volume of Medicare DMEPOS claims per month _____

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12.5 Prior Authorization

At this time, there are only three items for which prior authorization may be used:

- o Transcutaneous Electrical Nerve Stimulator (TENS)
- o Power Operated Vehicle (POV)
- o Seat Lift Mechanism

The DMERC can allow no other items to be prior authorized unless directed by HCFA. The applicable Certification of Medical Necessity (CMN) form will be used as the basis for making the prior authorization decision.

There are two significant changes with regard to the completion and submission of the CMN for prior authorization items:

- o The first change is that the supplier must submit the CMN in advance of the claim for purchase of the equipment and specifically request a prior authorization determination.
- o The second change impacts suppliers who submit claims via EMC. Usually, the CMN would be submitted electronically with the claim. However, for items subject to prior authorization, EMC submitters will be required to submit a paper CMN, requesting prior authorization, in advance of the claim. Current imitations in the National Standard Format do not provide for the advance submission of the CMN without an attached claim. However, once prior authorization *is* approved, the actual claim *may* be submitted via EMC.

Once prior authorization for an item is approved, the supplier must deliver the item within 30 days of the approval date.

Prior authorization ensures that items have a signed physician's order dated prior to the delivery date. This allows the supplier, physician, and beneficiary to know, before delivery of an item and claim submission, whether payment will be approved and the maximum allowed amount for the item. Additionally, increased claims processing efficiency will be achieved through the use of system-generated letters of approval or denial.

The required CMN for TENS is DMERC 06.01. All questions pertain to TENS. Prior authorization is *not* required for the trial period of TENS when used for acute post-operative pain. When used for the treatment of chronic, intractable pain, the CMN and claim must simultaneously be submitted for the first month *trial* period. Questions 1-6 on CMN 06.01 should be completed for rental of the unit; questions 3-12 apply to its purchase. If an additional trial month (total of 2 months) is needed, a revised certification is needed.

Upon arrival of a decision to purchase the TENS unit, CMN 06.01 must be completed in its entirety and submitted for approval for the purchase (i.e., a total of 3 CMNs for chronic pain). This third CMN should be submitted for prior authorization before submission of the claim for purchase.

The required CMN for Power Operated Vehicles is DMERC 07.01. Questions 6-14 pertain to the POV. Also, the applicable CMN for the Seat Lift Mechanism is DMERC 07.0. Questions 1-5 must be completed for Seat Lift Mechanisms.

The supplier may complete the top portion of the applicable CMN while Section B must be completed by the physician or someone on the physician's staff. The ordering physician must review the completed CMN and sign (no hand stamp) and date the CMN.

The appeal process concerning prior authorization will be the same as is used with any other DMEPOS claim.