

DME Medicare News

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Appeal Rights Change (MCM Sections 3005-3005.4)

The Health Care Financing Administration (HCFA) is requiring Medicare Carriers to implement a new process for handling incomplete or invalid claims. Any claim with incomplete or invalid information will be returned or rejected. No appeal rights are afforded because the claim (or portion of the claim), is unprocessable. These instructions will apply to the assigned claims received on or after 10/1/95, and to non-assigned claims received on or after 1/1/96. Please be advised that the above dates of implementation are tentative. Providers will receive adequate notice prior to claims being rejected.

The following items define what is considered an incomplete or invalid claim:

MCM 3005.1

1. Incomplete Claim - Any claim missing required information (e.g., no UPIN).
2. Invalid Claim - Any claim that contains complete and necessary information; however, the information is illogical or incorrect (e.g., incorrect UPIN).
3. Required Information - Any data element that is needed in order to process a claim (e.g., Date of Service).

The following, under certain circumstances, could result in processing delays:

4. Not Required Information - Any data element that is optional or is NOT needed in order to process a claim (e.g., Patient Address).
5. Conditional Information - Any data element that must be completed if other conditions exist (e.g., if the insured is different from the patient, than the insured's name must be entered on a claim).

If a service has been returned/rejected for incomplete or invalid information, the provider MAY NOT file for a review. The provider must submit a new claim with the appropriate corrections. These guidelines apply to both paper and EMC claims.

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Revised Certificates of Medical Necessity

Over the past year, the DMERCs have worked together to revise existing Certificates of Medical Necessity (CMNs). The goals of the process were: 1) to delete CMNs or individual questions/fields on the CMNs when possible; 2) to revise the format to make them more user friendly to suppliers and physicians; 3) to revise the remaining questions as needed to make them clearer; 4) to comply with new requirements of the law and Medicare regulations.

The revised CMNs are version .02, and are dated 7/25/95. The version number is the number after the decimal in the upper right corner of the form, and the version date is in the lower right corner of the form. For example, DMERC 03.02 is the second version of the DMERC CMN for CPAP devices.

Version .02 hard copy CMNs have been formatted so that only a single type of equipment is on each CMN. This results in a less confusing format for physicians. In situations where there had been different devices on the same CMN, the revised hard copy CMNs have a letter after the version number. For example, the CMN for seat lift mechanisms is now DMERC 07.02A and that for power operated vehicles is DMERC 07.02B. Suppliers billing electronically will transcribe physicians' answers from these separate hard copy CMNs into the software system.

The CMN for surgical dressings has been previously eliminated. CMNs for urological supplies, home glucose monitors, ankle-foot orthoses (AFO) and knee-ankle-foot orthoses (KAFO), and suction pumps will no longer be required for claims received after 10/1/95.

DMERC 08.02 for Immunosuppressive Drugs has been designated a DMERC Information Form (DIF) rather than a CMN. Suppliers complete, sign and return the form with an initial claim for each new drug. Because input is no longer required of the physician, as a CMN it too has disappeared from the physician's viewpoint. (DIF 08.02 has no Section C or D - see below).

While therapeutic shoes no longer require a CMN, the brief information form described in that policy requires a physician's completion and signature, but it is to be kept on file by the supplier, and does not have to be submitted with the claim.

Form 484 continues to serve as the CMN for home oxygen therapy. Revisions to this form are being considered in the future.

Version .02 CMNs may be submitted with claims received by the DMERC on or after 10/1/95. Version .02 CMNs will be required with claims received by the DMERC on or after 7/1/96. The current .01 versions will not be acceptable as certifying medical necessity with claims received on or after 7/1/96.

The .02 CMN versions allow either clinicians or physicians or physicians' employees to complete Section B (answers to the medical necessity questions), so long as that person is neither the supplier nor anyone who has a financial relationship with the supplier.

However, for dates of service on or after 10/1/95, the grace period ends in which suppliers have been allowed to answer Section B questions for physicians on the .01 versions of CMNs for DME items. If a supplier chooses to continue using the .01 version of CMNs for dates of service on or after 10/1/95, only the physician or physician employee may answer Section B questions for hospital beds, manual wheelchairs, power wheelchairs, CPAP, osteogenesis stimulators, and external infusion pumps (.01 versions of CMNs for support surfaces, lymphedema pumps, TENS, seat lift mechanisms, POVs, and oxygen, have already been requiring physician or physician employee completion).

02 revisions to the NSF format were made available to software vendors in July. Vendors and other electronic billers will have to test the revised NSF format.

The accompanying list of codes are those which require a CMN. These are the codes that should be listed in Section A of the CMN. CMNs must accompany claims for purchase of these items (including replacement), for the first month rental of equipment, for the initial provision of PEN nutrients and supplies, and for any required revised certifications or recertifications. Submitting CMNs when they are not required (e.g., subsequent months on rental items, oxygen, or PEN nutrients when there is no change in the order and no requirement for recertification) may cause claims processing problems/delays and is discouraged.

Instructions on the backs of the CMNs have been revised and should be reviewed and followed. A few highlights are listed. Section A may be completed by the supplier. Section B may not be completed by the supplier nor by anyone in a financial relationship with the supplier, including but not limited to full or part time employees, paid consultants, independent contractors paid by the supplier, etc. Section B may be completed by the physician, the physician's employee or another clinician involved in the care of the patient (e.g., nurse, physical or occupational therapist, etc.) as long as they are not in a financial relationship with the supplier.

Section C reflects new requirements from the 1994 Amendments to the Social Security Act. It provides an opportunity for the ordering physician to review and confirm the patient's pertinent diagnoses and a detailed description of the item provided. It also indicates the supplier's charge and what the Medicare fee schedule allowance will be, if applicable. Section C contains a large blank space that can be formatted in different ways. However the following guidelines must be met. The diagnoses must be in narrative form but exact ICD-9 wording is not required. ICD-9 diagnosis codes are not to be used in this section.

The description of the item provided must include not only those items listed on page 1, Section A of the CMN, but also any accessories, options, supplies or drugs which are related to the item and which are provided by the supplier. In general there should be a narrative description for each related item billed on a separate claim line. The exact HCPCS descriptor is not required; a reasonable, abbreviated descriptor may be substituted.

For every item listed, the supplier must specify his/her submitted charge. For purchased equipment, accessories and options, specify the full charge. For rental equipment, accessories and options, the supplier must specify "per month" or "/month." For accessories, supplies, nutrients, or drugs which are replaced regularly, the supplier must specify what time span the charge represents - e.g., per day, per week, per month, etc. The supplier must then list the Medicare fee schedule amount for each item, accessory and option, if applicable. The fee schedule allowance should reflect the same time span and quantity used in the submitted charge column. If the Medicare allowed amount is determined by other than a fee schedule (e.g., reasonable charge methodology for drugs, parenteral and enteral nutrients, and PEN supplies; individual consideration for miscellaneous codes, etc.), a NA (not applicable) should be put in the Medicare allowed charge column. However, whether or not a Medicare fee schedule allowance is applicable, for each item being issued to the beneficiary which requires a CMN, and for all associ-

ated accessories, options, supplies, nutrients, drugs, etc., the supplier's charge must always be entered. Samples of format are given in Examples 1 and 2, though suppliers may use other formats, as long as the required information is presented. If more space is needed, another page 2 may be added.

Because the HCFA 484 form for oxygen could not be modified, suppliers will have to list their submitted charges and Medicare fee schedule allowances on a separate sheet. Format should be similar to Section C of the other CMNs except narrative diagnoses don't have to be listed since they are on the 484 form. The separate sheet must have the patient's name and HIC number on it and must be signed and dated by the physician. This sheet must be sent into the DMERC with the 484 Form.

Satisfactory completion of Section C will be assessed in post-payment audits. Civil monetary penalties can be assessed for failure to comply.

Section D contains the physician's attestation statement, along with the area for his/her signature and date. Claims with CMNs lacking a physician signature will be denied. Suppliers billing electronically must indicate presence of the physician's signature as is now done with .01 version CMNs.

The original CMN must be retained in the supplier's file and be available to the DMERC on request. When CMNs are submitted hard copy, the supplier must include a copy of the front of both pages. When CMNs are submitted electronically, only information from page 1 is transmitted.

The CMN can serve as the physician order if the narrative description is sufficiently detailed. This would include quantities needed and frequency of replacement on accessories, supplies, nutrients and drugs.

Items requiring a written order on hand prior to delivery (support surfaces, TENS, POVs, seat lift mechanisms) may utilize a completed and physician-signed CMN for this purpose; otherwise, a separate order, in addition to a subsequently completed and signed CMN would be necessary

List of HCPCS Codes Requiring a CMN or a DIF (Effective 10/1/95)

Note: Effective 10/1/95 the following list replaces previously published lists of HCPCS codes requiring CMNs (or DIF), regardless of the DMERC CMN version used. These are the codes required for Section A of the CMNs/DIF.

The description of related additional items must also be listed in Section C of DMERC CMNs, version .02.

HCPCS Code:	HCPCS Description:	HCPCS Code:	HCPCS Description:
B4150	Category I, Semi-Synthetic: Intact, Protein/Protein Isolates, (100 calories = 1 unit)	B4184	Parenteral Nutrition Solution, 10% with Administration set (500 ml = 1 unit)
B4151	Enteral Nutrition Formulae, Category 1B, Blenderized: Intact, Protein/Protein Isolates - Naturalized, (100 calories = 1 unit)	B4186	Parenteral Nutrition Solution, 20% with Administration set (500 ml = 1 unit)
B4152	Enteral Nutrition Formulae, Category II - Intact, Protein/Protein Isolates, (Calorically Dense), (100 calories = 1 unit)	B4189	Parenteral Nutrition Solution: Compounded Amino Acid & Carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein - Pre-Mix
B4153	Enteral Nutrition Formulae, Category III, Hydrolyzed Protein/Amino Acid, (100 calories = 1 unit)	B4193	Parenteral Nutrition Solution: Compounded Amino Acid & Carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 52 to 73 grams of protein - Pre-Mix
B4154	Enteral Nutrition Formulae, Category IV: defined formula for special metabolic need, (100 calories = 1 unit)	B4197	Parenteral Nutrition Solution: Compounded Amino Acid & Carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - Pre-Mix
B4155	Enteral Nutrition Formulae, Category V: modular components (protein, carbohydrates, fat), (100 calories = 1 unit)	B4199	Parenteral Nutrition Solution: Compounded Amino Acid & Carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - Pre-Mix
B4156	Enteral Nutrition Formulae, Category VI - Standard, (100 calories = 1 unit)	B4216	Parenteral Nutrition; Additives (Vitamins, Trace elements and Electrolytes) Home Mix, per day
B4164	Parenteral Nutrition Solution, Dextrose, 50% or less (500 ml = 1 unit) Home Mix	B5000	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, per gram, Renal, Aminosyn RF, Nephramine, Renamine Pre-Mix
B4168	Parenteral Nutrition Solution, Amino Acid, 3.5% or less (500 ml = 1 unit) Home Mix	B5100	Parenteral Nutrition Solution; Compounded Amino Acid & Carbohydrates with electrolytes, trace elements & vitamins, including preparation, any strength, per gram, Stress-Branch chains amino acids - Pre-Mix
B4172	Parenteral Nutrition Solution, Amino Acid, 5.5% through 7% (500 ml = 1 unit) Home Mix		
B4176	Parenteral Nutrition Solution, Amino Acid, 7.5% through 8.5% (500 ml = 1 unit) Home Mix		
B4178	Parenteral Nutrition Solution, Amino Acid, greater than 8.5% (500 ml = 1 unit) Home Mix		
B4180	Parenteral Nutrition Solution, Dextrose, greater than 50% (500 ml = 1 unit) Home Mix		

B5200	Parenteral Nutrition Solution; Compounded Amino Acid & Carbohydrates with electrolytes, trace elements & vitamins, including preparation, any strength, per gram, Stress-Branch chains amino acids - Pre-Mix	E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
B9000	Enteral Nutrition Pump, no alarm	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
B9002	Enteral Nutrition Pump with alarm	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
B9004	Parenteral Nutrition Pum - Portable	E0296	Hospital bed, total electric, (head, foot and height adjustments), without side rails, with mattress
B9006	Parenterall Nutrition Pump - Stationary	E0297	Hospital bed, total electric, (head, foot and height adjustments), without side rails, without mattress
E0180	Pressure pad, alternating, with pump	E0424	Stationary compressed gaseous oxygen system, rental; includes contents (per unit) regulator, flow meter, humidifier, nebulizer, cannula or mask and tubing; one unit = 50 cu. ft.
E0181	Pressure pad, alternating, with pump, heavy duty	E0431	Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask and tubing
E0194	Air - Fluidized Bed	E0434	Portable liquid oxygen system, rental; includes portable container supply reseervoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0250	Hospital bed, fixed height, with any type side rails, with mattress	E0439	Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regularor, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; one unit = 50 lbs.
E0251	Hospital bed, fixed height, with any type side rails, without mattress	E0441	Oxygen contents, gaseous, per unit (for use with owned stationary gaseous systems or when both a stationary and portable gaseous are owned; one unit = 50 cu. ft.)
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	E0442	Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; one unit = 10 lbs.)
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	E0443	Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems when no stationary gas or liquid system is used; one unit = 5 cu.ft.)
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	E0444	Portable oxygen contents, liquid per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; one unit = 1 lbs.)
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	E0601	Continuous airway pressure (CPAP) device
E0265	Hospital bed, total electric, (head, foot and height adjustments), with any type side rails, with mattress		
E0266	Hospital bed, total electric, (head, foot and height adjustments), with any type side rails, without mattress		
E0277	Alternating Pressure Mattress or Pad		
E0290	Hospital bed, fixed height, without side rails, with mattress		
E0291	Hospital bed, fixed height, without side rails, without mattress		
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress		

E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	E0747	Osteogenesis stimulator, non-invasive
E0628	Separate seat lift mechanism for use with patient owned furniture - electric	E0776	IV pole
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	E0781	Ambulatory infusion pump, single or multiple channels, with administrative equipment, worn by patient
E0650	Pneumatic compressor, non-segmental home model	E0791	Parenteral infusion pump, stationary, single or multichannel
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	E1405	Oxygen and water vapro enriching system with heated delivery
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	E1406	Oxygen and water vapro enriching system without heated delivery
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	J2920	Methylprednisolone sodium succinate up to 40 mg.
E0670	Segmental pneumatic appliance for use with pneumatic compressor, half arm	J2930	Methylprednisolone sodium succinate up to 125 mg.
E0671	Segmental gradient pressure pneumatic appliance, full leg	J7507	Tacrolimus, oral, per 1 mg
E0672	Segmental gradient pressure pneumatic appliance, full arm	J7508	Tacrolimus, oral, per 5 mg
E0673	Segmental gradient pressure pneumatic appliance, half leg	K0001	Standard wheelchair
E0720	TENS, two-lead, localized stimulation	K0002	Standard hemi (low seat) wheelchair
E0730	TENS, four-lead, larger area/multiple nerve stimulation		
E0731	Form fitting conductive garment for delivery of TENS or NINES (with conductive fibers separated from the patient's skin by layers of fabric)		

K0003	Light weight wheelchair	K0121	Cyclosporine - oral, 25 mg
K0004	High strength lightweight wheelchair	K0122	Cyclosporine - parenteral, 250 mg
K0005	Ultralightweight wheelchair	K0123	Lymphocyte immune globulin, antithymocyte globulin - parenteral, 250 mg
K0006	Heavy duty wheelchair	K0124	Monoclonal antibodies - parenteral, 5 mg
K0007	Extra heavy duty wheelchair	K0125	Prednisone - oral, 5 mg
K0008	Custom manual wheelcair/base	K0166	Methylprednisonal - oral, 4 mg
K0009	Other manual wheelchair/base	K0167	Prednisolone - oral, 5 mg
K0010	Standard-weight frame motorized/power wheelchair	K0193	CPAP device with humidifier
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)
K0012	Lightweight portable motorized/power wheelchair	K0284	External infusion pump, mechanical, reusable, for extended drug infusion
K0013	Custom motorized/power wheelchair base	XX010	Immunosuppressive drug, not otherwise classified
K0014	Other motorized/power wheelchair base	XX030	Category IV Enteral Product, 100 calories = one unit, Accupep HPF
K0016	Detachable, adjustable height armrest, complete assembly, each	XX031	Category IV Enteral Product, 100 calories = one unit, Aminaid
K0017	Detachable, adjustable height armrest, base each	XX032	Category IV Enteral Product, 100 calories = one unit, Entera OPD
K0018	Detachable, adjustable height armrest, upper portion each	XX033	Category IV Enteral Product, 100 calories = one unit, Glucerna
K0020	Fixed, adjustable height armrest, pair	XX034	Category IV Enteral Product, 100 calories = one unit, Hepatic Aid
K0028	Fully reclining back	XX035	Category IV Enteral Product, 100 calories = one unit, Impact
K0046	Elevating leg rest, lower extension tube, each	XX036	Category IV Enteral Product, 100 calories = one unit, Impact with fiber
K0047	Elevating leg rest, upper hanger bracket, each	XX037	Category IV Enteral Product, 100 calories = one unit, Immunaid
K0048	Elevating leg rest, complete assembly	XX038	Category IV Enteral Product, 100 calories = one unit, Lipisorb
K0053	Elevating footrest, articulating (telescoping), each	XX039	Category IV Enteral Product, 100 calories = one unit, Nepro
K0101	One-arm drive attachment	XX040	Category IV Enteral Product, 100 calories = one unit, Replete
K0106	Arm trough, each		
K0119	Azathioprine - oral, tab, 50 mg.		
K0120	Azathioprine - parenteral, 100 mg.		

XX041	Category IV Enteral Product, 100 calories = one unit, Replete with fiber	XX061	Category IV Enteral Product, 100 calories = one unit, Elementra
XX042	Category IV Enteral Product, 100 calories = one unit, NutriHep	XX062	Category IV Enteral Product, 100 calories = one unit, Fibrad
XX043	Category IV Enteral Product, 100 calories = one unit, Nutrivent	XX063	Category IV Enteral Product, 100 calories = one unit, Lipomul
XX044	Category IV Enteral Product, 100 calories = one unit, Peptamen	XX064	Category IV Enteral Product, 100 calories = one unit, MCT Oil
XX045	Category IV Enteral Product, 100 calories = one unit, Perative	XX065	Category IV Enteral Product, 100 calories = one unit, Microlipid
XX046	Category IV Enteral Product, 100 calories = one unit, Pregestimil	XX066	Category IV Enteral Product, 100 calories = one unit, Moducal
XX047	Category IV Enteral Product, 100 calories = one unit, Protain XL	XX067	Category IV Enteral Product, 100 calories = one unit, Nutrisource
XX048	Category IV Enteral Product, 100 calories = one unit, Provide	XX068	Category IV Enteral Product, 100 calories = one unit, Polycose
XX049	Category IV Enteral Product, 100 calories = one unit, Pulmocare	XX069	Category IV Enteral Product, 100 calories = one unit, Promod
XX050	Category IV Enteral Product, 100 calories = one unit, Reabilan HN	XX070	Category IV Enteral Product, 100 calories = one unit, Promix
XX051	Category IV Enteral Product, 100 calories = one unit, Suplena (Replena)	XX071	Category IV Enteral Product, 100 calories = one unit, Propac
XX052	Category IV Enteral Product, 100 calories = one unit, Stresstein	XX072	Category IV Enteral Product, 100 calories = one unit, Sumacal
XX053	Category IV Enteral Product, 100 calories = one unit, Traumacal	XX073	Category IV Enteral Product, 100 calories = one unit, Advera
XX054	Category IV Enteral Product, 100 calories = one unit, TraumAid HBC	XX074	Category IV Enteral Product, 100 calories = one unit, Crucial
XX055	Category IV Enteral Product, 100 calories = one unit, Travasorb Hepatic	XX075	Category IV Enteral Product, 100 calories = one unit, Diabetisource
XX056	Category IV Enteral Product, 100 calories = one unit, Travasorb MCT	XX076	Category IV Enteral Product, 100 calories = one unit, Isosource VHN
XX057	Category IV Enteral Product, 100 calories = one unit, Travasorb Renal	XX077	Category IV Enteral Product, 100 calories = one unit, Vivonex Plus
XX058	Category IV Enteral Product, 100 calories = one unit, Vivonex T.E.N.		
XX059	Category IV Enteral Product, 100 calories = one unit, Casec		
XX060	Category IV Enteral Product, 100 calories = one unit, Controlyte		

Example 1

Diagnoses: Cerebral vascular accident
Congestive heart failure
Arthritis

Item:	HCPSC Codes:	Description:
A	K0004	High strength, lightweight wheelchair.
B	K0195	Elevating leg rests, pair.
C	K0028	Fully reclining back.
D	K0025	Hook-on headrest extension.
E	K0020	Fixed, adjustable height armrests, pair.

Item:	Quantity Allowance:	Supplier's Charge:	Medicare Fee Schedule
A	1	\$115.00/Month	\$110.31/Month
B	1	\$ 11.00/Month	\$ 9.95/Month
C	1	\$428.93	\$ 407.60
D	1	\$ 60.00	\$ 56.90
E	1	\$ 45.00	\$ 40.82

Example 2

Diagnoses: Metastatic breast cancer

Item	HCPSC Codes:	Description:
A	E0781	Ambulatory infusion pump
B	K0111	Supplies for external drug infusion pump, per cassette or bag.
C	K0110	Supplies for maintenance of drug infusion catheter, per week.
D	J2270	Morphine Sulfate, 10 mg.

Item:	Quantity:	Supplier's Charge:	Medicare Fee Schedule
A	1	\$747.30/Month	\$235.28/Month
B	3/Week	\$153.30/Week	\$121.44/Week
C	1/Week	\$ 30.00/Week	\$ 20.39/Week
D	168/Week	\$300.00/Week	N/A

An N/A (not applicable) entry means that Medicare payment will be determined by a method other than a fee schedule. An N/A does not indicate that Medicare will deny the item

Revised CMNs

The Certificates of Medical Necessity (CMNs) have been revised. Copies of the new CMNs are included in this newsletter. They are printed on perforated paper so that they can be removed and duplicated easily.

The following is a list of the revised CMNs:

Hospital Beds	01.02A
Support Surfaces	01.02B
Motorized Wheelchairs	02.02A
Manual Wheelchairs	02.02B
Continuous Positive Airway Pressure (CPAP)	03.02
Lymphedema Pump	04.02B
Osteogenesis Stimulator	04.02C

Transcutaneous Electrical Nerve Stimulator (TENS)	06.02
Seat Lift Mechanism	07.02A
Powered Operated Vehicle (POV)	07.02B
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