DME Medicare News

DMERC Region A Service Office v P. O. Box 6800 v Wilkes-Barre, PA 18773-6800

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Letter from the Medical Director

It's been a very busy time here. In the last month, we've finalized four Medical Review policies, enteral nutrition, home blood glucose monitoring, urological supplies and surgical dressings. In addition, the wheelchair base product classification list and a reminder about the proper use of Vancomycin were completed.

I'd like to thank all of the folks who have taken the time to call or write, welcoming me to the DMERC. The offers of help and consultation are much appreciated. I've already taken advantage of a few offers. Again, many thanks, I'll probably be calling again.

I hope to write a short, informal note for each newsletter. If there are any special topics or questions you would like me to address, let me know.

A final reminder, even though it's only early summer, it's time to start preparations for the flu season. I'd encourage you to read the article on flu vaccinations, "Summer's Here; Flu Season Is Not Far Behind." Influenza vaccination ... it's a good thing, and we all should encourage it.

Paul Hughes, M.D.
Medical Director
Region A DMERC

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Summer's Here; Flu Season Is Not Far Behind

The Health Care Financing Administration (HCFA) is urging all individuals and entities meeting state licensure requirements to make a special effort, during the upcoming flu season, to offer the influenza virus vaccination to individuals enrolled in Part B of the Medicare program. For coverage purposes, Medicare does not require that the vaccine be ordered by a doctor of medicine or osteopathy; therefore, a beneficiary may receive the vaccine upon request without a physician's order and without physician supervision. However, the provider of flu shots, must have a Medicare provider number in order to bill Medicare for payment. Medicare generally will pay each flu season, for only one flu shot per beneficiary.

Part B reimburses for the influenza vaccine and its administration at 100 percent. The Part B deductible and coinsurance does not apply.

For Medicare Health Maintenance Organization (HMO) members, Medicare will pay only when they receive their flu shots at their HMO. All HMOs provide flu shots; therefore, beneficiaries who are members of managed care plans should receive their flu shots from their managed care networks. Managed care enrollees should call their plans for further information.

Call your local carrier for more information about any aspect of the Medicare influenza virus vaccination benefit.

Roster Billing

Nonparticipating physicians and suppliers are not required to accept assignment when billing Medicare for the influenza virus vaccination and/or its administration when using standard billing procedures. We remind you that entities which undertake mass immunization programs may be eligible to use the "simplified" billing process referred to as roster billing, provided that they accept assignment as a qualifying condition.

The simplified (roster) billing process is available and was developed to enable Medicare beneficiaries to participate in mass influenza vaccination programs offered by public health clinics and other non-institutional entities that bill the Medicare carriers and institutional entities that bill the Medicare intermediaries.

This action was influenced by agency knowledge that the public health clinics and other non-institutional entities generally lack the requisite resources (budget, staff, time) to submit a separate Medicare form HCFA-1500 for each Medicare beneficiary for whom they administer a flu shot.

"Mass immunizers" which qualify for roster billing, that bill the carrier, agree to accept assignment of the Medicare flu benefit as payment in full and cannot "balance bill" the beneficiary.

As of November 1993, Public Health Clinics (PHCs) and other properly-licensed individuals and entities conducting mass immunization programs, can use a simplified claims filing procedure to bill carriers for the influenza virus vaccine benefit for multiple beneficiaries if they meet both of the following qualifications: (a) they bill Medicare sporadically or only for the influenza virus vaccine (i.e., they do not generally bill Medicare for other covered Part B services); and (b) they agree to accept assignment for these claims.

Effective for services furnished on or after October 1, 1994, HCFA expanded simplified (roster) billing procedures for the influenza virus vaccine to mass immunizers that bill intermediaries such as hospital outpatient departments and Home Health Agencies.

The simplified process involves the use of the provider billing form (HCFA-1450) or (HCFA-1500) with preprinted standardized information relative to the provider and the benefit. Mass immunizers that bill intermediaries or carriers attach a standard roster to a single pre-printed HCFA-1450 or HCFA-1500 which contains the variable claims information regarding the service provider and the individual beneficiaries. Intermediaries/carriers use the beneficiary roster list to generate HCFA-1450s/1500s to process influenza claims by mass immunizers.

Utilize the roster billing procedures for this and all future flu seasons.

Note to Physicians

We encourage you to accept assignment for the influenza virus vaccination, but assignment is not mandatory.

If the sole purpose of the patient's visit is to receive the influenza virus vaccine, you may not charge for an office visit. If, on the other hand, you render other services which may accurately be described by an evaluation and management code, you may bill for those services separately.

Call your local carrier for more information about any aspect of the Medicare influenza virus vaccination benefit.

Medical Policy

The following Medical Policy is printed on perforated pages. Please remove these pages from the newsletter and insert them into your Supplier Manual until the formal update to the manual is received.

Surgical Dressings

Subject: **Surgical Dressings**

HCPCS Codes:

The appearance of a code in this section does not necessarily indicate coverage.

A4460 Elastic bandage, per roll (e.g., compression bandage)

A4649 Surgical supplies, miscellaneous

K0154 Wound pouch, each

K0196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing

K0197 Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing

K0198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing

K0199 Alginate dressing, wound filler, per 6 inches

K0203 Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0204 Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0205 Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0206 Contact layer, 16 sq. in. or less, each dressing

K0207 Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing

K0208 Contact layer, more than 48 sq. in., each dressing

K0209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0210 Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0212 Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0213 Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0214 Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0215 Foam dressing, wound filler, per gram

K0216 Gauze, non-impregnated, pad size 16 sq. in. or less, without adhesive border, each dressing

K0217 Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0218 Gauze, non-impregnated, pad size more than 48 sq. in., without adhesive border, each dressing

K0219 Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0220 Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0221 Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0222 Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing

K0223 Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0224 Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing

K0228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing

K0229 Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing

K0234 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0235 Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0236 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0237 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0238 Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0240 Hydrocolloid dressing, wound filler, paste, per fluid ounce

K0241 Hydrocolloid dressing, wound filler, dry form, per gram

K0242 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0243 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0244 Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0245 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0246 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0247 Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0248 Hydrogel dressing, wound filler, gel, per fluid ounce

K0249 Hydrogel dressing, wound filler, dry form, per gram

K0250 Skin sealants, protectants, moisturizers, any type, any size

K0251 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0252 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0254 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0255 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0257 Transparent film, 16 sq. in. or less, each dressing

K0258 Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing

K0259 Transparent film, more than 48 sq. in., each dressing

K0260 Wound cleansers, any type, any size

K0261 Wound filler, not elsewhere classified, gel/paste, per fluid ounce

K0262 Wound filler, not elsewhere classified, dry form, per gram

K0263 Gauze, elastic, all types. per linear yard

K0264 Gauze, non-elastic, per linear yard

K0265 Tape, all types, per 18 square inches

K0266 Gauze, impregnated, other than water or normal saline, any width, per linear yard

HCPCS Modifiers:

X1 Dressing used as a primary or secondary dressing on one surgical or debrided wound

X2 Dressing used as a primary or secondary dressing on two surgical or debrided wounds

X3 Dressing used as a primary or secondary dressing on three surgical or debrided wounds

X4 Dressing used as a primary or secondary dressing on four surgical or debrided wounds

X5 Dressing used as a primary or secondary dressing on five surgical or debrided wounds

X6 Dressing used as a primary or secondary dressing on six surgical or debrided wounds

X7 Dressing used as a primary or secondary dressing on seven surgical or debrided wounds

X8 Dressing used as a primary or secondary dressing on eight surgical or debrided wounds

X9 Dressing used as a primary or secondary dressing on nine or more surgical or debrided wounds

ZY Potentially non-covered item or service billed for denial or at a beneficiary's request (not to be used for medical necessity denials)

Benefit Category: Surgical Dressings

Definitions:

Wound fillers are dressing materials which are placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface.

Wound covers are flat dressing pads. A wound cover with adhesive border is one which has an integrated cover and distinct adhesive border designed to adhere tightly to the skin.

A surgical dressing kit is defined as non-individualized, standardized packaging containing repetitive quantities of dressings not related to the individual medical needs of a beneficiary, or whose contents have not each been prescribed for the care of the specific wounds of that beneficiary, or that contain materials in addition to surgical dressings.

Composite dressings are products combining physically distinct components into a single dressing that provides multiple functions. These functions must include, but are not limited to: (a) a bacterial barrier, (b) an absorptive layer other than an alginate, foam, hydrocolloid, or hydrogel, (c) either a semi-adherent or nonadherent property over the wound site, and (d) an adhesive border.

Contact layers are thin non-adherent sheets placed directly on an open wound bed to protect the wound tissue from direct contact with other agents or dressings applied to the wound. They are porous to allow wound fluid to pass through for absorption by an overlying dressing.

Impregnated gauze dressings are woven or non-woven materials in which substances such as iodinated agents, petrolatum, zinc compounds, crystalline sodium chloride, chlorhexadine gluconate (CHG), bismuth tribromophenate (BTP), water, aqueous saline, or other agents have been incorporated into the dressing material by the manufacturer. However, when the dressing and the substance with which it is impregnated are listed in combination in the FDA Orange Book (e.g. an antibiotic impregnated dressing which requires a prescription), then the entire item is considered a drug which is noncovered under the surgical dressing benefit and should not be coded using K0222-K0224.

Specialty absorptive dressings are unitized multilayer dressings which provide (a) either a semi-adherent quality or nonadherent layer, and (b) highly absorptive layers of fibers such as absorbent cellulose, cotton, or rayon. These may or may not have an adhesive border.

A wound pouch is a waterproof collection device with a drainable port that adheres to the skin around a wound.

The staging of pressure ulcers used in this policy is as follows:

- ❑ Stage I - nonblanchable erythema of intact skin
- ❑ Stage II - partial thickness skin loss involving epidermis and/or dermis
- ❑ Stage III - full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia
- ❑ Stage IV - full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures

Coverage and Payment Rules:

Surgical dressings are covered when either of the following criteria are met:

1) They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure; or

2) They are medically necessary when debridement of a wound is medically necessary.

Surgical dressings include both primary dressings (i.e. therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) or secondary dressings (i.e. materials that serve a therapeutic or protective function and that are needed to secure a primary dressing). Items such as adhesive tape, roll gauze, or elastic bandages are examples of secondary dressings. Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings. In the very rare situation when one of these items might possibly be used as a secondary dressing, it should be coded A4649 and individual consideration will be given to claims submitted with additional documentation demonstrating that the item is medically necessary, serves a therapeutic or protective function, and is needed to secure the primary dressing. If an alternative secondary dressing item (e.g., adhesive tape) is effective in securing the primary dressing, the aforementioned items would not be covered.

The surgical procedure or debridement must be performed by a physician or other health care professional to the extent permissible under State law. Surgical dressings must be ordered by a physician or a Nurse Practitioner,

Clinical Nurse Specialist, Certified Nurse-Midwife or Physician's Assistant who was acting within the scope of his or her legal authority as defined by State law or regulation.

Debridement of a wound may be any type of debridement (examples given are not all-inclusive): surgical (e.g. sharp instrument or laser), mechanical (e.g. irrigation or wet-to-dry dressings), chemical (e.g. topical application of enzymes), or autolytic (e.g. application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the agents themselves are non-covered.

Surgical dressings are covered for as long as they are medically necessary. Dressings over a percutaneous catheter or tube (e.g. intravascular, epidural, nephrotomy, etc.) would be covered as long as the catheter or tube remains in place and after removal until the wound heals. (Refer to Coding Guidelines)

Examples of situations in which dressings are noncovered under the surgical dressing benefit are:

a) drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure;

b) a Stage I pressure ulcer;

c) a first degree burn;

d) wounds caused by trauma which do not require surgical closure or debridement - e.g. skin tear or abrasion;

e) a venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle

Surgical dressing codes billed without modifiers X1 - X9 (See Coding Guidelines) are non-covered under the Surgical Dressing Benefit. Certain dressings may be covered under other benefits (e.g., see Ostomy Supply Policy).

If a physician, Certified Nurse Midwife, Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable. Claims for these dressings should not be submitted to the DMERC. Claims for the professional service which includes the dressings should be submitted to the local carrier. If dressing changes are sent home with the patient, claims for these may be submitted to the DMERC. In this situation, use the place of service corresponding to the patient's residence, and Place of Service Office (POS=11) should not be used.

Dressings used in conjunction with investigational wound therapy (e.g., platlet-derived wound healing formula) are denied as not medically necessary.

When a wound cover with an adhesive border is being used, no other dressing would be used on top of it and additional tape is usually not required. Reasons for use of additional tape would have to be well documented. An adhesive border is usually more binding than that obtained with separate taping and is therefore indicated for use with wounds requiring less frequent dressing changes.

Use of more than one type of wound filler or more than one type of wound cover in a single wound would rarely be medically necessary and the reasons would have to be well documented.

It may not be appropriate to use some combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

Because composite dressings, foam and hydrocolloid wound covers, and transparent film, when used as secondary dressings, are meant to be changed at frequencies less than daily, appropriate clinical judgement should be used to avoid their use with primary dressings which would require more frequent dressing changes. When claims are submitted for these dressing for changes greater than once every other day, the quantity in excess of that amount will be denied as not medically necessary. While a highly exudative wound might require such a combination initially, with continued proper management the wound should progress to a point where the appropriate selection of these products should result in the less frequent dressing changes which they are designed to allow. An example of an inappropriate combination would be the use of a specialty absorptive dressing on top of non-impregnated gauze being used as a primary dressing.

Dressing size should be based on and appropriate to the size of the wound. For wound covers, the pad size should usually be about 2 inches greater than the dimensions of the wound. For example, a 5 cm X 5 cm (2 in. X 2 in.) wound would require a 4 in. X 4 in. pad size.

The following are examples of wound care items which would not be covered under the surgical dressing benefit: skin sealants or barriers, wound cleansers or irrigating solutions, solutions used to moisten gauze (e.g. saline), topical antiseptics, topical antibiotics, enzymatic debriding agents, gauze or other dressings used to cleanse or debride a wound but not left on the wound. Also any item listed in the latest edition of the Orange Book is con-

sidered a drug and is not covered under the surgical dressing benefit. In general, Medicare Part B does not cover self-administered drugs. All of the above items will be denied as noncovered supplies. Codes K0250 and K0260 have been established to describe some of these products. These codes will be denied as noncovered.

The quantity and type of dressings dispensed at any one time must take into account the current status of the wound(s), the likelihood of change, and the recent use of dressings. Dressing needs may change frequently (e.g. weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using and to adjust their provision of dressings accordingly. No more than a one month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate in the situations described above.

Surgical dressings must be tailored to the specific needs of an individual patient. This cannot be accomplished when dressings are provided as kits or trays containing fixed quantities and/or multiple types of dressings. Dressings must be individually provided to meet the needs of a specific patient. When surgical dressing kits as defined in this policy are used for the provision of surgical dressings, all components of the kit billed are denied as not medically necessary.

The following are some specific coverage guidelines for individual products when the products themselves are necessary in the individual patient. The medical necessity for more frequent change of dressing should be documented in the patient's medical record and submitted with the claim to the DMERC (see Documentation section).

Alginate dressing (K0196-K0198)

Alginate dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not medically necessary on dry wounds or wounds covered with eschar. Usual dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate rope) would usually be used at each dressing change. It is usually inappropriate to use alginates in combination with hydrogels.

Composite dressing (K0203-K0205)

Usual composite dressing change is up to 3 times per week, one wound cover per dressing change.

Contact layer (K0206-K0208)

Contact layer dressings are used to line the entire wound; they are not intended to be changed with each dressing change. Usual dressing change is up to once per week.

Foam dressing (K0209-K0215)

Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Usual dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change may be up to 3 times per week. Usual dressing change for foam wound fillers is up to once per day.

Gauze, non-impregnated (K0216-K0221)

Usual non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not necessary to stack more than 2 gauze pads on top of each other in any one area.

Gauze, impregnated, other than water or normal saline (K0222-K0224)

Usual dressing change for gauze dressings impregnated with other than water or normal saline is up to once per day.

Gauze, impregnated, water or normal saline (K0228-K0230)

There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, payment will be based on the least costly medically appropriate alternative, K0216-K0218. Bulk saline or sterile water is noncovered under the surgical dressing benefit.

Hydrocolloid dressing (K0234-K0241)

Hydrocolloid dresssings are covered for use on wounds with light to moderate exudate. Usual dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

Hydrogel dressing (K0242-K0248)

Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., stage III or IV ulcers). Hydrogel dressings are not usu-

ally medically necessary for stage II ulcers . Documentation must substantiate the medical necessity for use of hydrogel dressings for stage II ulcers(e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Usual dressing change for hydrogel wound covers with adhesive border is up to 3 times per week.

The quantity of hydrogel filler used for each wound should not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not medically necessary. Documentation must substantiate the medical necessity for code K0248 billed in excess of 3 units (fluid ounces) per wound in 30 days.

Use of both a hydrogel filler and a hydrogel cover on the same wound at the same time is not medically necessary. The cover is denied as not medically necessary.

Specialty absorptive dressing (K0251-K0256)

Specialty absorptive dressings are covered when used for moderately or highly exudative wounds (e.g., stage III or IV ulcers). Usual specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

Transparent film (K0257-K0259)

Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Usual dressing change is up to 3 times per week.

Wound filler, not elsewhere classified (K0261-K0262)

Usual dressing change is up to once per day.

Wound pouch (K0154)

Usual dressing change is up to 3 times per week.

Tape (K0265)

Tape is covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze. Additional tape is usually not required when a wound cover with an adhesive border is used. The medical necessity for tape in these situations would need to be documented. Tape change is determined by the frequency of change of the wound cover. Quantities of tape submitted should reasonably reflect the size of the wound cover being secured. Usual use for wound covers measuring 16 square inches or less is up to 2 units per dressing change; for wound covers measuring 16 to 48 square inches, up to 3 units per dressing change; for wound covers measuring greater than 48 square inches, up to 4 units per dressing change.

Elastic bandage (A4460)

Elastic bandages are covered when used as a secondary dressing to hold wound cover dressings in place. When an elastic bandage is used over a wound cover with adhesive border or over a wound cover which is held in place by tape, elastic roll gauze or non-elastic roll gauze, or transparent film, the elastic bandage is noncovered. Elastic bandages are also noncovered when used for strains, sprains, edema, or situations other than as a secondary surgical dressing.

Most elastic bandages are reusable. Usual frequency of replacement would be no more than one per week.

Gauze, elastic (K0263)

Elastic gauze dressing change is determined by the frequency of change of the selected primary dressing. When a dressing is secured with tape or has an adhesive border, overlying elastic gauze is denied as noncovered.

Gauze, non-elastic (K0264)

Non-elastic gauze dressing change is determined by the frequency of change of the selected primary dressing. When a dressing is secured with tape or has adhesive border, overlying non-elastic gauze is denied as noncovered.

Coding Guidelines:

Codes A4190-A4205, A4454 and K0152 are not valid for claims submitted to the DMERC. Codes K0196-K0248 or K0250-K0266 should be used instead. Code K0249 is not valid for claims submitted to the DMERC. Code K0262 should be used instead.

When dressings are covered under other benefits - e.g. durable medical equipment (infusion pumps) or prosthetic devices (parenteral and enteral nutrition, tracheostomy) - and are included in supply allowance codes - e.g. K0110 with a covered infusion pump, B4224 with parenteral nutrition, B4034-B4036 with enteral nutrition, A4625 or K0165 with a tracheostomy - they may not be separately billed using the surgical dressing codes. Dressings over infusion access entry sites not used in conjunction with covered use of infusion pumps, or over catheter / tube entry sites into a body cavity (other than tracheostomy) should be billed separately using the appropriate surgical dressing code.

Wound fillers come in hydrated forms (e.g. pastes, gels), dry forms (e.g. powder, granules, beads), or other forms such as rope, spiral, pillows, etc. For certain materials, unique codes have been established - e.g. alginate wound filler (K0199), foam wound filler (K0215), hydrocolloid wound filler (K0240-K0241), and hydrogel wound filler (K0248). Wound fillers not falling into any of these categories would be coded as K0261 or K0262.

The units of service for wound fillers are 1 gram, 1 fluid ounce, or 6 inch length depending on the product. If the individual product is packaged as a fraction of a unit (e.g. 1/2 fluid ounce), determine the units billed by multiplying the number dispensed times the individual product size and rounding to the nearest whole number. For example, if eleven (11) 1/2 oz. tubes of a wound filler are dispensed, bill 6 units (11 X 1/2 = 5.5; round to 6).

For some wound fillers, the units on the package do not correspond to the units of the new code. For example, some pastes or gels are labelled as grams (instead of fluid ounces), some wound fillers are labelled as cc. or ml. (instead of fluid ounces or grams), some are described by linear dimensions (instead of grams). In these situations, the supplier should contact the manufacturer to determine the appropriate conversion factor or unit of service which corresponds to the new code.

Some wound covers are available both without and with an adhesive border. For wound covers with an adhesive border, the code to be used is determined by the pad size, not by the outside adhesive border dimensions. For example, a hydrocolloid dressing with outside dimensions of 6 in. X 6 in. which has a 4 in. X 4 in. pad surrounded by a 1 in. border on each side is coded as K0237, " ... pad size 16 sq. inch or less ..."

Products containing multiple materials are categorized according to the clinically predominant component (e.g., alginate, foam, gauze, hydrocolloid, hydrogel). Other multi-component wound dressings not containing these specified components may be classified as composite or specialty absorptive dressings if the definition of these categories has been met. Multi-component products may not be unbundled and billed as the separate components of the dressing.

Gauze or gauze-like products are typically manufactured as a single piece of material folded into a several ply gauze pad. Coding must be based on the functional size of the pad as it is commonly used in clinical practice.

For all dressings, if a single dressing is divided into multiple portion/pieces, the code and quantity billed must represent the originally manufactured size and quantity.

Paste or powder commonly used with ostomies will continue to be coded using codes K0138 (Skin barrier; paste, per oz.) and K0139 (Skin barrier; powder, per oz.) and not one of the wound filler codes. (See Ostomy Supplies policy for details.)

Modifiers (X1 - X9) have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. For example,

X1 Dressing used as a primary or secondary dressing on one surgical or debrided wound.

X2 Dressing used as a primary or secondary dressing on two surgical or debrided wounds.

X9 Dressing used as a primary or secondary dressing on nine or more surgical or debrided wounds.

The modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the patient has four (4) wounds but a particular dressing is only used on two (2) of them, the X2 modifier should be used with that HCPCS code.

If the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound, do not use modifiers X1-X9. When dressings are provided in non-covered situations (e.g., use of gauze in the cleansing of a wound or intact skin), a ZY modifier must be added to the code and a brief description of the reason for non-coverage included - e.g. "K0216ZY - used for wound cleansing."

When dressing codes are billed for items covered under another benefit (e.g., gauze for a continent ostomy which is covered under the prosthetic device benefit)claims must be billed according to the documentation requirements specified in the applicable policy (See Ostomy Supplies policy for details.)

A supplier wanting to know which code to use for a particular dressing should refer to the Surgical Dressing Product Classification List published separately or contact the Statistical Analysis DME Regional Carrier (SADMERC) - Palmetto Government Benefits Administrators. Surgical dressings listed under specific codes in the Surgical Dressing Product Classification List should not be coded using the miscellaneous code A4649. Impregnated roll gauze dressings designed for the treatment of venous stasis ulcers are examples of dressings that would be properly coded using A4649.

Documentation:

An order for surgical dressings must be signed and dated by the patient's attending physician, by a consulting physician for the condition resulting in the need for the dressing, or by a Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse-Midwife or Physician's Assistant who is directly involved with the care of the patient. The order from a nonphysician must be countersigned by the physician when required by State law. This order must be kept on file by the supplier.

The order must specify (a) the type of dressing (e.g. hydrocolloid wound cover, hydrogel wound filler, etc.), (b) the size of the dressing (if appropriate), (c) the number / amount to be used at one time (if more than one), (d) the frequency of dressing change, and (e) the expected duration of need.

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However a new order is required at least every 3 months for each dressing being used even if the quantity used has remained the same or decreased.

Information defining the number of surgical / debrided wounds being treated with a dressing, the reason for dressing use (e.g. surgical wound, debrided wound, etc.), and whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g. wound cleansing) should be obtained from the physician, nursing home, or home care nurse. The source of that information and date obtained should be documented in the supplier's records.

Current clinical information which supports the reasonableness and necessity of the type and quantity of surgical dressings provided must be present in the patient's medical records. Evaluation of a patient's wound(s) must be performed at least on a monthly basis unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the patient's need for dressings. Evaluation would be expected on a more frequent basis (e.g. weekly) in patients in a nursing facility or in patients with heavily draining or infected wounds. The evaluation may be performed by a nurse, physician or other health care professional. This evaluation must include the type of each wound (e.g. surgical wound, pressure ulcer, burn, etc), its location, its size (length X width in cm.) and depth, the amount of drainage, and any other relevant information. This information does not have to be routinely submitted with each claim. However a brief statement documenting the medical necessity of any quantity billed which exceeds the quantity needed for the usual dressing change frequency stated in the policy must be submitted with the claim This statement may be attached to a hard copy claim or entered in the HAO record of an electronic claim.

When surgical dressings are billed, the appropriate modifier (X1-X9 or ZY) must be added to the code when applicable. If X9 is used, information must be submitted with the claim indicating the number of wounds. If ZY is used, a brief description of the reason for non-coverage (e.g., "K0216ZY - used for wound cleansing") must be included. These statements should be included with a hard copy claim or entered into the HAO record.

When code A4649 is used for a dressing, the appropriate modifier to indicate the number of wounds should be used and the claim must include the brand name, product number and size of the product provided as well as a statement describing the medical necessity for that dressing in that patient.

Effective Date: Claims received by the DMERC on or after October 1, 1995.

Original Publication Date: September 1993

Urological Supplies

Subject: Urological Supplies

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS Codes:

A4310 Insertion tray without drainage bag and without catheter (accessories only)

A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4313 Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4314 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4315 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4316 Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4320 Irrigation tray with bulb or piston syringe, any purpose

A4322 Irrigation syringe, bulb or piston

A4323 Sterile saline irrigation solution, 1000 ml

A4326 Male external catheter specialty type, eg, inflatable, faceplate, etc. each

A4327 Female external urinary collection device: meatal cup, each

A4328 Female external urinary collection device: pouch, each

A4329 External catheter starter set, male/female, includes catheters/urinary collection device bag/pouch and accessories (tubing, clamps, etc.), 7 day supply

A4335 Incontinence supply; miscellaneous

A4338 Indwelling catheter; Foley type; two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)

A4340 Indwelling catheter; specialty type, eg: coude, mushroom, wing, etc.

A4344 Indwelling catheter; Foley type, two way, all silicone

A4346 Indwelling catheter; Foley type, three way for continuous irrigation

A4347 Male external catheter with or without adhesive, with or without antireflux device; per dozen

A4351 Intermittent urinary catheter; straight tip

A4352 Intermittent urinary catheter; coude (curved) tip

A4354 Insertion tray with drainage bag but without catheter

A4355 Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter

A4356 External urethral clamp or compression device (not to be used for catheter clamp)

A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube

A4358 Urinary leg bag; vinyl, with or without tube

A4359 Urinary suspensory without leg bag

A4402 Lubricant, per ounce

A4455 Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

A4554 Disposable underpads, all sizes, (e.g. chux's)

A5102 Bedside drainage bottle, rigid or expandable

A5105 Urinary suspensory; with leg bag, with or without tube

A5112 Urinary leg bag; latex

A5113 Leg strap; latex, per set

A5114 Leg strap; foam or fabric, per set, pair

A5131 Appliance cleaner, incontinence and ostomy appliances, per 16 oz.

A5149 Incontinence/ostomy supply; miscellaneous

A9270 Noncovered item or service

K0132 Male external catheter with or without adhesive, with or without anti-reflux device, each

K0133 Intermittent urinary catheter, disposable, straight tip

K0134 Intermittent urinary catheter, disposable, coude (curved) tip

K0135 Intermittent urinary catheter, reusable; straight tip

K0136 Intermittent urinary catheter, reusable; coude (curved) tip

K0250 Skin sealants, protectants, moisturizers, any type, any size

K0265 Tape, all types, per 18 square inches

K0280 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

K0281 Lubricant, individual sterile packet, each

K0407 Urinary catheter anchoring device, adhesive skin attachment

K0408 Urinary catheter anchoring device, leg strap

K0409 Sterile water irrigation solution, 1000 ml

K0410 Male external catheter, with adhesive coating, each

K0411 Male external catheter, with adhesive strip, each

XX004 Urinary intermittent catheter with insertion tray

XX005 Therapeutic agent for urinary catheter irrigation, 1000 ml

XX007 Adhesive remover wipes, 50 per box

ZZ002 Incontinence supply, component of another item

HCPCS Modifiers

ZX Specific requirements found in the Documentation section of the medical policy have been met and evidence of this is available in the supplier's records

ZY Potentially noncovered item or service billed for denial or at beneficiary's request (not to be used for medical necessity denials)

Prosthetic Devices

Benefit Category: Prosthetic Devices

Definitions:

A meatal cup female external urinary collection device (A4327) is a plastic cup which is held in place around the female urethra by suction or pressure and is connected to a urinary drainage container such as a bag or bottle.

A pouch type female external collection device (A4328) is a plastic pouch which is attached to the periurethral area with adhesive and which can be connected to a urinary drainage container such as a bag or bottle.

The general term "external urinary collection devices" used in this policy includes male external catheters and female pouches or meatal cups. This term does not include diapers or other types of absorptive pads.

Sterile catheterization technique involves the use of a new, sterile packaged catheter and sterile lubricant for each catheterization. It may also involve use of sterile gloves and drape and use of an antiseptic solution to cleanse the periurethral area. Clean, nonsterile intermittant catheterization technique involves the use of soap and water for cleansing of the periurethral area, a reusable catheter which is cleansed between episodes, and nonsterile lubricant.

A urinary catheter anchoring device described by code K0407 has an adhesive surface which attaches to the patient's skin and a mechanism for releasing and re-anchoring the catheter multiple times without changing the device.

A urinary catheter anchoring device described by code K0408 is a strap which goes around a patient's leg and has a mechanism for releasing and re-anchoring the catheter multiple times without changing the device.

A urinary intermittent catheter with insertion tray (XX004) is a kit which includes a catheter, lubricant, gloves, antiseptic solution, applicators, drape, and a tray or bag in a sterile package intended for single use.

Therapeutic agent for urinary irrigation (XX005) is defined as a solution containing agents in addition to saline or sterile water (for example acetic acid or hydrogen peroxide) which is used for the treatment or prevention of urinary catheter obstruction.

Coverage and Payment Rules:

General

Urinary catheters and external urinary collection devices are covered to drain or collect urine for a patient who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that patient within 3 months.

If the catheter or the external urinary collection device meets the coverage criteria then the related supplies that are necessary for their effective use are also covered. Urological supplies that are not used with, or for which use is not related to the covered use of catheters or external urinary collection devices (i.e., drainage and / or collection of urine from the bladder) will be denied as noncovered. Urological supplies billed without a ZX modifier (see Documentation section) will be denied as noncovered.

The patient must have a permanent impairment of urination. This does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgement of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be denied as noncovered in situations in which it is expected that the condition will be temporary.

When urological supplies are furnished in a physician's office, they may be billed to the DMERC only if the patient's condition meets the definition of permanence. (In this situation, the catheters and related supplies are covered under the prosthetic device benefit.) If the patient's condition is expected to be temporary, urological supplies may not be billed to the DMERC. (In this situation, they are considered as supplies provided incident to a physician's service and payment is included in the allowance for the physician services which are processed by the local carrier.) When billing for urological supplies furnished in a physician's office for a permanent impairment, use the place of service code corresponding to the beneficiary's current place of residence; do not use POS 11, office.

The use of a urological supply for the treatment of chronic urinary tract infection or other bladder condition in the absence of permanent urinary incontinence or retention is noncovered. Since the patient's urinary system is functioning, the criteria for coverage under the prosthetic benefit provision are not met.

The medical necessity for use of a greater quantity of supplies than the amounts specified in the policy must be well documented in the patient's medical record and may be requested by the DMERC.

Indwelling Catheters (A4311-A4316, A4338-A4346)

No more than one catheter per month is covered for routine catheter maintenance. Nonroutine catheter changes are covered when documentation substantiates medical necessity, such as for the following indications:

1) Catheter is accidently removed (e.g., pulled out by patient)

2) Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)

3) Catheter is obstructed by encrustation, mucus plug, or blood clots

4) History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change at intervals of less than once per month

When a specialty indwelling catheter (A4340) or an all silicone catheter (A4344, A4312, or A4315) is used, there must be documentation in the patient's medical record of the medical necessity for that catheter rather than a straight Foley type catheter with coating (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex). This documentation may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be made based on the least costly medically appropriate alternative - A4338, A4311, or A4314 respectively.

A three way indwelling catheter either alone (A4346) or with other components (A4313 or A4316) will be covered only if continuous catheter irrigation is medically necessary. (Refer to the section "Continuous Irrigation of Indwelling Catheters" for indications for continuous catheter irrigations) In other situations, payment will be based on the least costly medically appropriate alternative (A4338, A4311, or A4314 respectively.)

Catheter Insertion Tray (A4310-A4316, A4354, XX004)

One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not medically necessary.

One intermittant catheter insertion tray (XX004) will be covered per episode of medically necessary **sterile** intermittent catheterization (see below). Catheter insertion trays will be denied as not medically necessary for clean, nonsterile intermittent catheterization.

Insertion trays that contain component parts of the urinary collection system, (e.g., drainage bags and tubing) are inclusive sets and payment for additional component parts will be allowed only per the stated criteria in each section of the policy.

Urinary Drainage Collection System (A4314-A4316, A4357, A4358, A5102, A5112)

Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for medically necessary nonroutine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection).

Usual Maximum Quantity of Supplies

Code	#/mo.	#/3 mo.
A4357	2	_
A4358	2	_
A5102	_	1
A5112	1	_

Leg bags are indicated for patients who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden patients would be denied as not medically necessary.

Payment will be made for either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not medically necessary.

The medical necessity for drainage bags containing gel matrix or other material which are intended to be disposed of on a daily basis has not been established. Payment for this type of bag will be based on the allowance and usual frequency of change for the least costly medically appropriate alternative, code A4357.

Intermittent Irrigation of Indwelling Catheter

Supplies for the intermittant irrigation of an indwelling catheter are covered when they are used on an as needed (nonroutine) basis in the presence of acute obstruction of the catheter. Routine intermittant irrigations of a catheter will be denied as not medically necessary. Routine irrigations are defined as those performed at predetermined intervals. In individual cases, the DMERC

may request a copy of the order for irrigation and documentation in the patient's medical record of the presence of acute catheter obstruction when irrigation supplies are billed.

Covered supplies for medically necessary nonroutine irrigation of a catheter include either an irrigation tray (A4320) or an irrigation syringe (A4322), and sterile saline (A4323) or sterile water (K0409). When syringes, trays, sterile saline or water are used for routine irrigation, they will be denied as not medically necessary. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Irrigating solutions such as acetic acid or hydrogen peroxide which are used for the treatment or prevention of urinary obstruction (XX005) will be denied as not medically necessary.

Irrigation supplies that are used for care of the skin or perineum of incontinent patients are noncovered.

Continuous Irrigation of Indwelling Catheter

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with medically necessary catheter changes. Continuous irrigation as a primary preventative measure (i.e. no history of obstruction) will be denied as not medically necessary. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation. The records must also indicate the rate of solution administration and the duration of need. This documentation may be requested by the DMERC.

Covered supplies for medically necessary continuous bladder irrigation include a 3-way foley catheter (A4313, A4316, A4346), irrigation tubing set (A4355), and sterile saline (A4323) or sterile water (K0409). More than one irrigation tubing set per day for continuous catheter irrigation will be denied as not medically necessary.

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Payment for Irrigating solutions such as acetic acid or hydrogen peroxide will be based on the allowance for sterile water (K0409) or sterile saline (A4323).

Continuous irrigation is a temporary measure. Continuous irrigation for more than 2 weeks is rarely medically necessary. The patient's medical records should indicate this medical necessity and these medical records may be requested by the DMERC.

Intermittent Catheterization

Intermittent catheterization is covered when basic coverage criteria are met and the patient or caregiver can perform the procedure. When clean, nonsterile catheterization technique is used, Medicare will cover replacement of intermittent catheters (A4351-A4352) on a weekly basis unless there is documentation of the medical necessity for more frequent replacement. Nonsterile lubricating gel (A4402) would be covered for use with **clean** nonsterile catheterization technique. Eight units of service (8 oz.) would be covered per month. An individual packet of lubricant (K0281) is not medically necessary for clean, nonsterile intermittant catheterization.

Intermittent catheterization using sterile technique is covered when:

1) the patient resides in a nursing facility, or

2) the patient has had recurrent urinary tract infections with pyuria and fever and, in the judgement of the beneficiary's physician, sterile technique is indicated. Pyuria and / or bacteriuria by themselves are not diagnostic of a clinically significant urinary infection in a catheterized patient

For each episode of covered **sterile** catheterization, Medicare will cover a) one catheter (A4351, A4352) and an individual packet of lubricant (K0281) or b) an intermittent catheter kit (XX004) - See Definition section for contents of the kit. The kit code should be used for billing even if the components are packaged separately rather than together as a kit. If sterile catheterization is not medically necessary, sterile supplies will be denied as not medically necessary.

When a coude (curved) tip catheter (A4352) is used, there must be documentation in the patient's medical record of the medical necessity for that catheter rather than a straight tip catheter (A4351). An example would be the inability to catheterize with a straight tip catheter. This documentation may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be based on the least costly medically appropriate alternative - A4351.

External Catheters/Urinary Collection Devices

Male external catheters (condom-type) or female external urinary collection devices are covered for patients who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

The utilization of male external catheters (K0410 or K0411) generally should not exceed 35 per month.

Greater utilization of these devices must be accompanied by documentation of medical necessity.

Adhesive strips or tape used with code K0411 (Male external catheter, with adhesive strip, each) are included in the allowance for that code and are not separately payable by the DMERC. If adhesive strips or tape are used with code K0410 (Male external catheter, with adhesive coating, each), payment will be denied as not medically necessary.

Male external catheters (condom-type) or female external urinary collection devices will be denied as not medically necessary when ordered for patients who also use an indwelling catheter.

Specialty type male external catheters such as those that inflate or that include a faceplate (A4326) are covered only when documentation substantiates the medical necessity for such a catheter. Payment will be based on the least costly medically appropriate alternative if documentation does not substantiate medical necessity.

For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied as not medically necessary.

Miscellaneous Supplies

Appliance cleaner (A5131) is covered when used to clean the inside of certain urinary collecting appliances (A5102, A5112). More than one unit of service (16 oz.) per month is rarely medically necessary.

One external urethral clamp or compression device (A4356) is covered every 3 months or sooner if the rubber/foam casing deteriorates.

Tape (K0265) which is used to secure an indwelling catheter to the patient's body is covered. More than 10 units (1 unit = 18 sq.in.; 10 units = 180 sq.in. = 5 yds. of 1 inch tape) per month will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case. Adhesive catheter anchoring devices (K0407) and catheter leg straps (K0408) are covered. More than 3 per week of K0407 or 1 per month of K0408 will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case.

Extension tubing (K0280) will be covered for use with a latex urinary leg bag (A5112). It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358 and A5105 and should not be separately billed with these codes.

Other supplies used in the management of incontinence, including but not limited to the following items, will be denied as noncovered because they are not prosthetic devices nor are they required for the effective use of a prosthetic device:

1. Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products (K0250).
2. Catheter care kits (A9270).
3. Adhesive remover (A4455, XX007). (Coverage remains for use with ostomy supplies.)
4. Catheter clamp or plug (A9270)
5. Disposable underpads, e.g. Chux (A4554).
6. Diapers, drip collectors, or incontinent garments, disposable or reusable (A9270).
7. Drainage bag holder or stand (A9270).
8. Urinary suspensory without leg bag (A4359).
9. Measuring container (A9270).
10. Urinary drainage tray (A9270).
11. Gauze pads (K0216-K0218) and other dressings (coverage remains under other benefits, e.g. surgical dressings).
12. Other incontinence products not directly related to the use of a covered urinary catheter or external urinary collection device (A9270).

Coding Guidelines:

Procedure codes A4347 and K0132 are not valid for claims submitted to the DMERC. When billing for male external catheters, use code K0410 or K0411 and one unit of service for each catheter supplied.

Irrigation solutions containing antibiotics and chemotherapeutic agents should be coded A9270. Irrigating solutions such as acetic acid or hydrogen peroxide which are used for the treatment or prevention of urinary obstruction should be coded XX005.

Adhesive strips or tape used with code K0411 (Male external catheter, with adhesive strip, each) should not be billed separately. Adhesive strips and tape used in conjunction with code K0410 (Male external catheter, with adhesive coating, each) should be billed with code A4335.

Procedure code A4329 is not valid for claim submission to the DMERC. Components should be billed by individual codes.

Code A4454 (Tape, all types, all sizes) is not valid for claim submission to the DMERC. Code K0265 should be used instead.

Procedure codes K0133-K0136 are not valid for claims submitted to the DMERC. Use code A4351 in place of K0133 or K0135. Use code A4352 in place of K0134 or K0136.

Code A5149 is not valid for claims submitted to the DMERC. Use code A4335 for miscellaneous incontinence supplies.

An external catheter that contains a barrier for attachment should be coded using A4335.

Codes A5113 and A5114 are for replacement leg straps used with a urinary leg bag (A4358, A5105, or A5112). These codes are not used for a leg strap for an indwelling catheter.

Codes for ostomy barriers (A5119, K0137-K0139) should not be used for skin care products used in the management of urinary incontinence.

In the following table, the column I code includes the items identified by the codes in column II. The Column I code must be used instead of multiple column II codes when the items are provided at the same time.

Column I	Codes II
A4311	A4310, A4338
A4312	A4310, A4344
A4313	A4310, A4346
A4314	A4310, A4311, A4338, A4354, A4357, K0280
A4315	A4310, A4312, A4344, A4354, A4357, K0280
A4316	A4310, A4313, A4346, A4354, A4357, K0280
A4354	K0280
A4357	K0280
A4358	A5113, A5114, K0280
A5112	A5113, A5114
A5105	A4358, A4359, A5112, A5113, A5114, K0280
K0411	K0265
XX004	A4310, A4351

If a code exists that includes multiple products, that code should be used in lieu of the individual codes.

Documentation:

An order for the supplies which has been signed and dated by the ordering physician must be kept on file by the supplier. The order must include the type of supplies ordered and the approximate quantity to be used per unit of time. On the order, there must be a statement indicating whether the patient has permanent or temporary urinary incontinence or retention or other indication for use of a catheter or urinary collection device. If the order indicates permanent urinary incontinence or urinary retention, and if the item is a catheter, an external urinary collection device or a supply used with one of these items, the ZX modifier should be added to the code for each urological supply on each claim submitted. The ZX modifier may only be used when these requirements are met. If the requirements for the modifier are not met, the supplier can submit additional information with the claim to justify coverage.

If a supplier is billing for items which are noncovered, this must be indicated on the claim. The recommended way of doing this is to add the ZY modifier to the code.

When billing for quantities of supplies greater than those described in the policy as the usual replacement frequency (e.g. more than one indwelling catheter per month, more than two bedside drainage bags per month, more than 35 male external catheters per month, etc.), the claim must include documentation supporting the medical necessity for the higher utilization. This information should be attached to a hard copy claim or entered in the HAO record of an electronic claim.

The initial claim for catheters or kits used for sterile intermittent catheterization in the home must be accompanied by documentation supporting the medical necessity for sterile technique.

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Enteral Nutrition

Indications:

Enteral nutrition is covered for a patient who has (a) permanent nonfunction or disease of the structures that normally permit food to reach the small bowel or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

Coverage and Payment Rules:

General:

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgement of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Enteral nutrition will be denied as noncovered in situations involving temporary impairments.

The patient's condition could be either anatomic (e.g. obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g. severe dysphagia following a stroke, etc.). Enteral nutrition is noncovered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

The patient must require tube feedings to maintain weight and strength commensurate with the patient's overall health status. Adequate nutrition must not be possible by dietary adjustment and / or oral supplements. Coverage is possible for patients with partial impairments - e.g. a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

No more than one month's supply of enteral nutrients, equipment or supplies is allowed for one month's prospective billing. Claims submitted retroactively, however, may include multiple months.

Effective Date: Claims received by the DMERC on or after July 1, 1995.

Original Publication Date: September 1993

Home Blood Glucose Monitors

Subject: Home Blood Glucose Monitors

HCPCS Codes:

E0607 - Home blood glucose monitor

E0609 - Blood glucose monitor with special features (eg., voice synthesizers, automatic timers, etc.)

A4244 - Alcohol or peroxide, per pint

A4245 - Alcohol wipes, per box

A4246 - Betadine or pHisohex solution, per pint

A4247 - Betadine or iodine swabs/wipes, per box

A4250 - Urine test or reagent strips or tablets (100 tablets or strips)

A4253 - Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

A4256 - Normal, low and high calibrator solution/chips

A4259 - Lancets, per box

A9270 - Non covered item or service

K0131 - Spring-powered device for lancet

XX002 - Blood glucose test or reagent strip for home blood glucose monitor, per 25 strips

XX003 - Platforms for home blood glucose monitor, 50 per box

HCPCS Modifier:

ZX - Specific requirements found in the Documentation section of the medical policy have been met and evidence of this is available in the supplier's records.

Benefit Category: Durable Medical Equipment

Reference: Coverage Issues Manual 60-11

Definition:

Insulin-treated means that the patient is receiving insulin injections to treat their diabetes. Insulin does not exist in an oral form and therefore patients taking oral medication to treat their diabetes are not insulin-treated.

Coverage and Payment Rules:

Home blood glucose monitors are covered for patients who are insulin-treated diabetics and who can better control their blood glucose levels by frequently checking these levels and appropriately contacting their attending physician for advice and treatment.

A blood glucose monitor with special features is covered for patients who additionally have severe visual impairment (320/200).

Coverage of home blood glucose monitors is limited to patients meeting the following conditions:

1) The patient must be an insulin-treated diabetic;
2) The patient's physician states that the patient is capable of being trained to use the particular device prescribed in an appropriate manner. In some cases, the patient may not be able to perform this function, but a responsible individual can be trained to use the equipment and monitor the patient to assure that the intended effect is achieved. This is permissible if the record is properly documented by the patient's physician; and
3) The device is designed for home rather than clinical use.

Blood glucose monitors with such features as voice synthesizers, automatic timers, and specially designed arrangements of supplies and materials to enable the visually-impaired to use the equipment without assistance (E0609) are covered when the following conditions are met:

1) The patient and device meet the three conditions listed above for coverage of standard home blood glucose monitors; and

2) The patient's physician certifies that he or she has a visual impairment severe enough to require use of this special monitoring system.

Lancets (A4259) and blood glucose test, reagent strips (A4253) and spring powered device for lancets (K0131) are covered for patients for whom the glucose monitor is covered. More than one spring powered device (K0131) per 6 months will rarely be medically necessary. More than 100 test strips (A4253) and 100 lancets (A4259) per month will rarely be medically necessary. The need for more than these amounts should be documented in the physician's record and noted on the order kept on file by the supplier.

Alcohol or peroxide (A4244, A4245), Betadine or pHisohex (A4246, A4247) are noncovered since these items are not required for the proper functioning of the device.

Urine test reagent strips or tablets (A4250) are noncovered since they are not related to this equipment.

Glucose monitors and related supplies billed without a ZX modifier (see Documentation section) will be denied as not medically necessary.

Coding Guidelines:

Code XX002 is invalid for claim submission to the DMERC; code A4253 should be used instead.

For code A4259, 1 unit of service is 100 lancets.

Blood glucose test or reagent strips that utilize a visual reading and are not used in a glucose monitor should be coded A9270. Do not use code A4253 for these items.

Documentation:

An order for the billed equipment/supplies which has been signed and dated by the ordering physician must be kept on file by the supplier. The physician's order must include a statement indicating whether the patient is a diabetic and whether the patient is being treated with insulin injections. If the order indicates that the patient is diabetic and is being treated with insulin injections, the ZX modifier should be added to the code for the monitor and each related supply on every claim submitted. The ZX modifier may only be used when these requirements are met.

In addition, the medical necessity for E0609 must be documented by a narrative statement from the physician which includes the patient's visual acuity. If the claim is filed hard copy, this could be noted in field 21 of the HCFA 1500 claim form or as a separate attachment. If the claim is filed electronically, it could be transcribed into the HAO record.

When billing for quantities of supplies greater than those described as the usual replacement frequency (e.g., more than 100 test strips or lancets per month), the claim must include documentation supporting the medical necessity for the higher utilization. This information should be attached to a hard copy claim or entered in the HAO record of an electronic claim.

Refer to the Documentation section of the Supplier Manual for more information on orders, medical records and supplier documentation.

Effective Date: Claims received by the DMERC on or after October 1, 1995.

Original Publication Date: September 1993

Wheelchair Bases - Product Classification

The DMERC medical policies for Manual Wheelchair Bases and Motorized/Power Wheelchair Bases define characteristics of the wheelchairs included in each code, K0001-K0014. In an effort to standardize the interpretation of these codes, the DMERCs in conjunction with the SADMERC have determined the appropriate code for many of the most commonly billed wheelchairs. The following product classification list identifies the correct HCPCS code to be used for specific wheelchair bases. For claims received on or after September 1, 1995, the code designations on this list must be used for all purchased wheelchairs and for rental wheelchairs in which the claim for the first month's rental is received on or after 9/1/95. For rental wheelchairs in which the claim for the first month's rental is received before 9/1/95, the supplier should continue to submit subsequent claims using the code initially submitted.

This list is not all-inclusive. Questions concerning the coding of items not on this list or the classification of a wheelchair on the list should be directed to the SADMERC, Palmetto Government Benefits Administrators. For wheelchairs not on the list, suppliers should use their knowledge of the wheelchair and the information in the policies to determine the correct code until a determination is published in a future DMERC bulletin or they receive a response from the SADMERC to a coding inquiry.

The appearance of a product on this list, particularly those with codes K0009 or K0014, does not guarantee coverage.

When submitting claims for wheelchair bases using codes K0005, K0008, K0009, K0013, or K0014, the supplier must list the manufacturer and model name on the claim. On hard copy claims, this information should be listed on the HCFA 1500 form or on a separate sheet attached to the claim. On electronic claims, this information should be put in the HAO record.

Some wheelchair base models can be coded using different wheelchair base codes depending on their seat dimensions. The footnotes (A)-(H) define which codes should be used. Footnotes (I) and (J) give other coding guidelines for specific wheelchair bases.

This table addresses adult wheelchair models. When pediatric wheelchair bases are provided, the miscellaneous wheelchair base codes should be used - K0009 for manual and K0014 for power.

ETAC

Manual	K0004	Swede Basic, Swede F3
	K0005	Swede ACT, Swede Cross, Swede Elite

Everest & Jennings

Manual	K0001	Premier Classic (D), Traveler (A), Traveler L, Universal (A), Vista
	K0002	Traveler (B), Universal (A)
	K0003	EZ Lite, Lightning
	K0004	P 2 Plus, SPF II, Vision Millenium
	K0005	Vision Epic, Vision FX, Vision Nitro, Vision Record
	K0006	Universal (C)
	K0007	Premier Classic (F)
Power	K0011	Magnum, MX, Sprint, Vortex
	K0012	Tempest, Quest
	K0014	Lancer, Xcaliber

Gendron

Manual	K0001	5810LFW, 5812, 5814(D), 5825(D), 5830(D), 7108, 7810(D), 8555
	K0002	5811 (G)
	K0003	2058, 2811(D), 5810
	K0004	4000
	K0007	2811(F), 5811(F), 5830(F), 6500, 7810(F), 5814(F), 5825(F)

Guardian

Manual	K0001	GS-2000(A), H-1000, H-2000(A)
	K0002	GL-2000(B), GS-2000(B), H-2000(B)
	K0003	GL-2000(H)

Invacare

Manual	K0001	Rolls 900(D), Rolls 4000(D), Tracer, Tracer LX-SA(A), Tracer Plus
	K0002	Tracer LX-Hemi (B)
	K0003	Tracer LT
	K0004	Action Patriot, Ride Lite 2000, Ride Lite 9000
	K0005	Action Xtra, Action MVP, Action Style, Action Pro-T, Super Action Pro-T, Action Pro
	K0006	Rolls 900 (E)
	K0007	Rolls 4000 (F)
Power	K0011	Ranger II, Ranger X, Storm Ranger X, Storm Torque
	K0012	Power 9000
	K0014	Arrow, Storm Arrow, XT

Kuschall

Manual	K0004	Champion 1000
	K0005	Champion 3000, Competitor, Rebel

Labac

Manual	K0001	MRC (I)
	K0009	BTC, MTC, MTRC

Love Lift

Power	K0014	Love Lift System 2214P

Morgan Tech, Inc.

Manual	K0003	SL, SLS

Permobil

Power	K0014	Chairman (J), Hexior (J), Max 90 (J)

Quickie

Manual	K0001	Recliner (I)
	K0004	Breezy, Breezy 2, EX, RX
	K0005	Carbon, GP, GPS, GPS Swing-away, GPS Ti, GPV, Quickie 2, Quickie 2 HP, Revolution, Shadow, Ti, Triumph
	K0009	TS
Power	K0011	P-200, P-210(J)
	K0012	P-100, P-110
	K0014	P-300

Redman

Power	K0011	Geromimo PR (J), Power Road Warrior, Road Savage

The Standing Company

Manual	K0009	Lifestand

Wheelchairs of Kansas

Manual	K0006	WIZZard
	K0007	BCW 600, BCW recliner
Power	K0014	BCW Power

XL Manufacturing

Manual	K0003	Pacer
	K0004	Comp
	K0009	Challenger

* *NOTE (A): Use K0001 if seat height is greater than or equal to 19 inches and seat width is 22 inches.*

* *NOTE (B): Use K0002 if seat height is less than 19 inches and seat width is 22 inches.*

* *NOTE (C): Use K0006 if seat width is 22 inches.*

* *NOTE (D): Use K0001 if seat width is 20 inches.*

* *NOTE (E): Use K0006 if seat width is 20 inches.*

* *NOTE (F): Use K0007 if seat width is 20 inches.*

* *NOTE (G): Use K0002 if seat width is 20 inches.*

* *NOTE (H): Use code K0003 if seat height is less than 19 inches.*

* *NOTE (I): Code the reclining back separately using K0028.*

* *NOTE (J): Code the power recline/tilt separately using K0108.*

Electronic Media Claims

How to Start Billing Electronically

Interested in a cost-effective and accurate method of submitting DMEPOS claims? Electronic billing can supply the solution. The Region A DMERC 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. If you already have a computer system supported by a software vendor, contact the EMC Unit to find out if your vendor has been approved by the DMERC. If your vendor has been approved, you will be required to submit a test file containing 20-30 test claims.

Please contact the EMC Unit for additional information regarding electronic billing.

Important EMC Numbers

Bulletin Board

Non-Participating Suppliers:	717-735-9515
Participating Suppliers:	800-842-5713

EMC Help Desk

717-735-9517	717-735-9518	717-735-9528
717-735-9519	717-735-9530	717-735-9532

Paper Acknowledgments Stopped for Bulletin Board Submitters

As of April 15, 1995, Paper Acknowledgments are no longer being sent to Bulletin Board submitters. These acknowledgments are now available in a electronic FORMAT via the Bulletin Board System (BBS).

Electronic acknowledgments can be viewed and printed in a report format by using the "FREE" Genacks program supplied by MetraHealth, or by using a program created by your software vendor. Tape and diskette submitters will continue to receive paper acknowledgments only.

If you wish to use this software, select menu G, "System Support Files," on the BBS, and download the following three files to your system: Genacks.Exe, Genacks.Txt, and TTBrowse.Com.

Those suppliers who are using our "FREE" Accelerate software, should download these files as follows:

1. Dial and log on to the Bulletin Board System. At the Main Menu, choose "G" System Support Files.

2. Select "D," Download. Type the filename and press the Enter key.

   Example: Filename? Genacks.exe

3. Pick a communications protocol and the message "Awaiting Start Signal" will display.

4. Press the Page Down (PgDn) key, choose the same communications protocol as in step 3, and press the Enter key.

5. You will then be prompted to enter the file name again. Enter the file name and press the Enter.

6. Repeat steps 2 through 5 for the remaining files. (You do not need to disconnect and redial.)

7. Read the Genacks.TXT files for instructions on the program. This can be done through the Edit function in DOS or by using a word processing program.

Please contact the EMC Unit if you have questions regarding this program.

Note:

For submitters using a vendor software, contact your vendor for downloading instructions.

Beneficiary Eligibility Data Implementation

Participating providers will be able to access the Beneficiary Eligibility Data on July 3, 1995 as long as they meet the criteria set forth in Section 6100.1 of the MCM. The eligibility information will serve as a valuable tool for the provider to file a more accurate claim.

This is just one of the many positive steps HCFA has taken towards better customer service.

Contact the EMC Unit, at (717) 735-9530, regarding Beneficiary Eligibility Data.

Electronic Fund Transfers

Electronic Fund Transfer (EFT) is a long established technology that is widely used because it is more reliable and less expensive than mailing paper checks. Paper checks travel through the mail, and need to be clerically processed in your office, deposited and then cleared by the bank.

On the other hand, with EFT, Medicare determines the amount that needs to be paid on your claim and electronically notifies Citibank of the amount. Citibank then sends the payment to your bank which, in turn, deposits the funds to your account, whether it is a checking or savings account. The benefits to you include:

- ❑ No US Mail involved
- ❑ No deposit forms to fill out and balance
- ❑ No trips to the bank to make deposits

No waiting period for the checks to clear before the funds are available.

EFT Requirements

Electronic Billing

Only suppliers who bill Medicare electronically are eligible to receive ERNs and EFT.

Ninety Percent (90%) Rule

To receive EFT, Medicare requires electronic submission of at least 90% of your Medicare claims. If during a 12-month period the submission rate is less than 90% for two (2) consecutive or three (3) non-consecutive months, payments will be made via hardcopy checks, beginning with the following calendar quarter. Paper payment will continue until the required percentage of Electronic Media Claims is maintained for three (3) consecutive months.

Electronic Remittance Notices (ERNs)

Suppliers who have been receiving ERNs for the past three (3) months and are not experiencing any balancing difficulties, should contact the EMC Unit if interested in Electronic Fund Transfers. Once you start receiving EFTs, paper EOMBs will stop after 30 days.

"Zipped" EMC Files

The Region A DMERC EMC Unit can accept production files which are submitted in a compressed format. This allows the transmission of multiple files and reduces transmission time. For more information on compressed files, please contact the EMC Unit at 717-735-9521 or 717-735-9530.

EMC Billing Reminders

The following helpful tips should be followed when submitting claims electronically. These tips will help your claims move through the system more quickly and eliminate payment errors:

1. Capped Rental Items should have the same "From" and "To" dates and should indicate a Units of Service equal to 1.
2. A CMN should NOT be sent with every claim. CMNs should only be sent when they are Initial, Revised, or Recertification.
3. When billing electronically, the Units of Service must be a whole number. If you are provided with a fractional Units of Service, it should be rounded up to the next whole number.
4. Dates of service cannot span years. These must be broken down so each year and its corresponding services are on a separate line.
5. When submitting Parenteral and Enteral Nutrition claims, the nutrients must be billed with the actual "From" and "To" dates and the exact number of services. If billing for one tube (B4081, B4082, B4083, B4084, K0147), use the same "From" and "To" date, not the date span.
6. When using modifiers, please make sure they are the correct modifiers. Refer to the Region A *Supplier Manual*.
7. The release information indicator should be answered with a "Y" if you have a signed HCFA-1500 form on file.
8. The entire correct NSC number must be on the electronic claim in the FA0 record field 23.

Overpayment/Refund Requests

When you receive a refund request letter from Medicare, it is of the utmost importance that you refund Medicare, by check or money order (**NO CASH**), within 30 days from the date of the letter. The check or money order should be made payable to:

Accounting Department
Region A DMERC
P.O. Box 6800
Wilkes-Barre, PA 18773-6800

If the refund is not received within 30 days from the original request date, on the 31st day interest will accrue for a two-month period at the current interest rate of 14.125 percent. A second refund request will be sent at that time and will include accrued interest.

If the overpayment has not been satisfied by day 40 (from the date of the original request letter), the overpayment principle plus interest will be offset from all assigned claims until the amount of the overpayment, plus the interest, is satisfied.

To avoid the interest payment and / or the offsetting of future claims, please respond to the overpayment refund request within the 30-day period. Include a copy of the refund request letter to ensure the amount is being credited to the proper overpayment.

How to Refund an Incorrect Payment to Medicare

If you find you have been overpaid for a claim you submitted to Medicare, you may make a refund using the following instructions:

1. Do not return the Medicare check, unless the entire check was paid to you in error. Please keep the portion that was paid to you correctly.

2. Make a copy of the Explanation of Medicare Benefits and attach a brief description explaining why the payment was made in error to you.

3. Attach your business or personal check in the amount of the overpayment made payable to "Medicare-Region A DMERC."

4. Mail items 2 and 3 above to: The MetraHealth Insurance Company, Medicare-Region A DMERC, Attn: Accounting Department, P.O. Box 6800, Wilkes-Barre, PA 18773-6800.

After your check is received, the claim(s) will be adjusted to correct the beneficiary's claim history to reflect this refund. Also, this will avoid you having to pay interest, or being offset, if a refund request is sent to you.

If overpayment is a result of Medicare paying primary on a claim when the beneficiary has primary insurance coverage, please refer to the following instructions:

1. Refund the entire Medicare payment amount along with a copy of the Explanation of Medicare Benefits and the primary insurance company's Explanation of Benefits.

2. Personal and business checks should be made payable to: Region A DMERC.

3. Item 1 and 2 should be mailed to:

Region A DMERC
The MetraHealth Insurance Company
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: Medicare Secondary Payer Unit

This will allow Medicare to remove the incorrect payment from the beneficiary's claim history, and reprocess the claim(s) to make the correct Medicare secondary payment.

Billing

Rental vs. Purchase

We have recently noticed an increasing number of complaints by Medicare beneficiaries regarding items which could have been rented instead of purchased. The beneficiaries have received items and were not aware of their rental option. In some cases, the beneficiaries had later realized that the items were not an effective treatment for their condition. Most beneficiaries would have opted for a rental versus a purchase of an item had they been made aware of the option prior to receiving these items.

We suggest suppliers inform referring physicians and beneficiaries of the rental / purchase option on any item which may have a rental option.

Infusion Pumps

When billing for all infusion pumps, the correct codes to use are E0781 and E0791, not E1399. The supplier must indicate the correct number of service dates, whether the pump was rented for 1 month or 3 days.

Pricing

Prevailing Charge Information, FSY 95

The following table represents Prevailing Charge information only;
it may not represent actual allowance for the item.

PROC Code	Description	50TH PREV	75TH PREV	PIIC
B4034	Enteral Feeding Supply Kit, Syringe, per Day	6.31	7.17	5.60
B4035	Enteral Feeding Supply Kit, Pump Fed, per Day	14.17	14.83	10.67
B4036	Enteral Feeding Supply Kit, Gravity Fed, per Day	8.33	8.33	7.31
B4081	Nasogastric Tubing with Stylet	23.33	27.51	19.78
B4082	Nasogastric Tubing without Stylet	16.38	20.00	14.73
B4083	Stomach Tube - Levine Type	2.60	4.00	2.25
B4084	Gastrostomy/Jejunostomy Tubing	19.00	21.20	17.03
B4150	Enteral Formulae, Category I, Semi-Synthetic Intact Protein/Protein Isolates (e.g., Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, RENU, Sustagen Powder, Travasorb)	.72	.85	.61
B4151	Enteral Formulae: Category I: Natural Intact Protein/Protein Isolates (e.g., Compleat B, Vitaneed, Compleat B Modified) 100 Calories=1 Unit	1.63	1.87	1.43
B4152	Enteral Formulae: Category II: Intact Protein/protein Insolates (calorically Dense) (e.g., Mangnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 100 Calories = 1 Unit	.59	.72	.51
B4153	Enteral Formulae: Category III: Hydrolized Protein/amino Acids (e.g., Riticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein HN, Precision Isotonic) 100 Calories - 1 Unit	2.02	2.50	1.74

Prevailing Charge Information
FSY 95 (Cont'd)

PROC Code	Description	50TH PREV	75TH PREV	PIIC
B4154	Enteral Formulae, Category IV: Defined Formulae For Special Metabolic Need, (e.g., Hepatic-Aid, Travasorb MCT, Travasorb Renal, Traum-Aid, Tramacal, Aminaid) 100 Calories = 1 Unit	None *	None *	ICC **
	* *Use appropriate XX code, if available*		** *ICC = Individual Consideration*	
B4156	Enteral Formulae, Category VI: Standardized Nutrients (Vivonex Std, Travasorb Std, Precision LR and Tolerex) 100 Calories = 1 Unit	1.50	2.09	1.24
B4164	Parenteral Nutrition Solution Carbohydrates (Dextrose) 50% or Less (500 ML = 1 Unit) - Homemix	35.40	44.82	15.80
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 ML = 1 Unit)	21.96	21.96	21.96
B4176	Parenteral Nutrition Solution; Amino Acid, 7% through 8.5% (500 ML = 1 Unit) - Homemix	77.00	89.00	51.04
B4178	Parenteral Nutrition Solution; Amino Acid, Greater than 8.5% (500 ML = 1 Unit) - Homemix			51.04
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater than 50% (500 ML= 1 Unit) - Homemix	21.61	21.61	21.61
B4184	Parenteral Nutrition Solution; Lipids, 10% with Administration Set (500 ML = 1 Unit)	106.50	124.67	70.86
B4186	Parenteral Nutrition Solution; Lipids, 20% with Administration Set (500 ML = 1 Unit)	168.00	186.40	94.48
B4189	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, Any Strength 10 to 51 Grams of Protein - Premix	211.06	277.68	157.66
B4193	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, Any Strength, 52 to 73 Grams of Protein - Premix	309.25	390.83	203.73
B4197	Parenteral Nutrition Solution; Compounded Amino Acid Carbohydrates with Electrolytes, Trace Elements and Vitamins, Including Preparation Any Strength, 74 to 100 Grams of Protein - Premix	377.00	394.28	248.02
B4199	Parenteral Nutrition Solution; Compounded Amino Acids and Carbohydrates with Electrolytes, Trace Elements and Vitamins, Including Preparation Any Strength, Over 100 Grams of Protein - Premix	414.45	478.48	298.43
B4126	Parenteral Nutrition; Additives (vitamins, Trace Elements, Heparin, Electrolytes) Homemix per Day	47.14	47.14	6.85
B4220	Parenteral Nutrition Supply Kit, Premix, per Day	11.97	18.04	7.10
B4222	Parenteral Nutrition Supply Kit, Home Mix, per Day	15.57	16.94	10.41

Prevailing Charge Information
FSY 95 (Cont'd)

PROC Code	Description	50TH PREV	75TH PREV	PIIC
B4224	Parenteral Nutrition Administration Kit, per Day	32.84	32.84	22.19
B5000	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, Any Strength, Renal - Nephramine, Renamine - Premix	12.50	12.50	10.54
B5100	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation. Any Strength, Hepatic - Freamine HBC, Hepatamine - Premix	5.05	8.50	4.12
B9000	Enteral Nutrition Infusion Pump - without Alarm	1121.97		
B9000	MS Enteral Nutrition Infusion Pump - without Alarm	51.55		
B9000	RR Enteral Nutrition Infusion Pump - without Alarm	120.00	150.00	103.10
B9000 UE	Enteral Nutrition Infusion Pump - without Alarm	841.47	841.47	841.47
B9002	Enteral Nutrition Infusion Pump - with Alarm	1247.00	1247.00	1247.00
B9002 MS	Enteral Nutrition Infusion Pump - with Alarm	54.33	54.33	54.33
B9002 RR	Enteral Nutrition Infusion Pump - with Alarm	121.28	132.00	108.66
B9002 UE	Enteral Nutrition Infusion Pump - with Alarm	841.47	841.47	841.47
B9004	Parenteral Nutrition Infusion - Pump, Portable	2238.01		
B9004 MS	Parenteral Nutrition Infusion Pump - Portable	177.15		
B9004 RR	Parenteral Nutrition Infusion Pump - Portable	500.00	500.00	354.30
B9004 UE	Parenteral Nutrition Infusion Pump - Portable	1678.51		
B9006	Parenteral Nutrition Infusion Pump - Stationary	2238.01		
B9006 MS	Parenteral Nutrition Infusion Pump - Stationary	177.15		
B9006 RR	Parenteral Nutrition Infusion Pump - Stationary	435.00	510.00	354.30
B9006 UE	Parenteral Nutrition Infusion Pump - Stationary	1678.51		
E0776 RRXA	IV Pole	30.38	39.20	23.62
E0776 UEXA	IV Pole	29.15	29.15	29.15
E0776 XA	IV Pole	99.00	108.00	93.30
K0147	Gastrostomy Tube, Silicone w/Sliding Ring	45.00	51.06	37.48
XX001	Sterile Saline, Unit Dose, Up to 5 ML, Each	.15	.15	.15
XX030	Category IV Enteral Product, 100 Calories = 1 Unit, Accupep	1.99	1.99	1.99
XX031	Category IV Enteral Product, 100 Calories = 1 Unit, Aminaid	1.60	1.60	1.60
XX032	Category IV Enteral Product, 100 Calories = 1 Unit, Enteral OPD	1.73	1.73	1.73
XX033	Category IV Enteral Product, 100 Calories = 1 Unit, Glucerna	1.09	1.09	1.09
XX034	Category IV Enteral Product, 100 Calories = 1 Unit, Hepatic Aid	5.16	5.16	5.16
XX035	Category IV Enteral Product, 100 Calories = 1 Unit, Impact	3.95	3.95	3.95

Prevailing Charge Information
FSY 95 (Cont'd)

PROC Code	Description	50TH PREV	75TH PREV	PIIC
XX036	Category IV Enteral Product, 100 Calories = 1 Unit, Impact w/Fiber	4.05	4.05	4.05
XX037	Category IV Enteral Product, 100 Calories = 1 Unit, Imunaid	2.96	2.96	2.96
XX038	Category IV Enteral Product, 100 Calories = 1 Unit, Lipisorb	1.33	1.33	1.33
XX039	Category IV Enteral Product, 100 Calories = 1 Unit, Nepro	.79	.79	.79
XX040	Category IV Enteral Product, 100 Calories = 1 Unit, Replete	1.05	1.05	1.05
XX041	Category IV Enteral Product, 100 Calories = 1 Unit, Replete w/Fiber	1.12	1.12	1.12
XX042	Category IV Enteral Product, 100 Calories = 1 Unit, Nutrihep	4.64	4.64	4.64
XX043	Category IV Enteral Product, 100 Calories = 1 Unit, Nutrivent	.77	.77	.77
XX044	Category IV Enteral Product, 100 Calories = 1 Unit, Peptamen	3.26	3.26	3.26
XX045	Category IV Enteral Product, 100 Calories = 1 Unit, Perative	1.21	1.21	1.21
XX047	Category IV Enteral Product, 100 Calories = 1 Unit, Protain XL	1.14	1.14	1.14
XX048	Category IV Enteral Product, 100 Calories = 1 Unit, Provide	1.37	1.37	1.37
XX049	Category IV Enteral Product, 100 Calories = 1 Unit, Pulmocare	.63	.63	.63
XX050	Category IV Enteral Product, 100 Calories = 1 Unit Reabilan HN	3.09	3.09	3.09
XX051	Category IV Enteral Product, 100 Calories = 1 Unit, Suplena	.52	.52	.52
XX052	Category IV Enteral Product, 100 Calories = 1 Unit, Stresstein	2.34	2.34	2.34
XX053	Category IV Enteral Product, 100 Calories = 1 Unit, Traumacal	.69	.69	.69
XX054	Category IV Enteral Product, 100 Calories = 1 Unit, Traumaid HBC	2.20	2.20	2.20
XX055	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb Hepatic	4.24	4.24	4.24
XX056	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb MCT	1.10	1.10	1.10
XX057	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb RenaL	1.81	1.81	1.81
XX058	Category IV Enteral Product, 100 Calories = 1 Unit, Vivonex T.E.N.	1.99	1.99	1.99
XX059	Category IV Enteral Product, 100 Calories = 1 Unit, Casec	2.72	2.72	2.72
XX060	Category V Enteral Product, 100 Calories = 1 Unit, Controlyte	.41	.41	.41
XX061	Category V Enteral Product, 100 Calories = 1 Unit, Elementra	10.00	10.00	10.00
XX062	Category V Enteral Product, 100 Calories = 1 Unit, Fibrad	.43	.43	.43
XX063	Category V Enteral Product, 100 Calories = 1 Unit, Lipomul	.52	.52	.52
XX064	Category V Enteral Product, 100 Calories = 1 Unit, MCT Oil	1.26	1.26	1.26
XX065	Category V Enteral Product, 100 Calories = 1 Unit, Microlipid	.51	.51	.51
XX066	Category V Enteral Product, 100 Calories = 1 Unit, Moducal	.43	.43	.43
XX069	Category V Enteral Product, 100 Calories = 1 Unit, Promod	.86	.86	.86
XX070	Category V Enteral Product, 100 Calories = 1 Unit, Promix	2.46	2.46	2.46
XX071	Category V Enteral Product, 100 Calories = 1 Unit, Propac	1.55	1.55	1.55
XX072	Category V Enteral Product, 100 Calories = 1 Unit, Sumacal	.27	.27	.27

Pricing Updates for Oral Anti-Cancer Drugs

Company	Strength	Quantity	NDC#	April 1995 Price
Methotrexate, TABS 2.5mg				
Aligen	2.5 mg	36	00405-4643-36	$2.92
Aligen	2.5 mg	100	00405-4643-01	2.92
Rugby	2.5 mg	100	00536-3998-01	2.92
Rugby	2.5 mg	36	00536-3998-36	2.92
Barr	2.5 mg	36	00555-0572-35	2.92
Barr	2.5 mg	100	00555-0572-02	2.92
Geneva	2.5 mg	36	00781-1076-36	2.92
Geneva	2.5 mg	100	00781-1076-01	2.92
Goldline	2.5 mg	100	00182-1539-01	2.92
Major	2.5 mg	36	00904-1749-73	2.92
Major	2.5 mg	100	00904-1749-60	2.92
Mylan	2.5 mg	100	00378-0014-01	2.92
Professional P	2.5 mg	30	58469-3998-30	2.92
Qualitest	2.5 mg	100	00603-4499-21	2.92
Schein	2.5 mg	100	00364-2499-01	2.92
UDL	2.5 mg	20	51079-0670-05	2.92
Roxane	2.5 mg	100	00054-4550-25	2.92
Roxane	2.5 mg	8	00054-8550-03	2.92
Roxane	2.5 mg	12	00054-8550-05	2.92
Roxane	2.5 mg	16	00054-8550-06	2.92
Roxane	2.5 mg	20	00054-8550-07	2.92
Roxane	2.5 mg	24	00054-8550-10	2.92
Lederle	2.5 mg	100	00005-4507-23	2.92
Mephalan Alkeran,TAB 2mg				
Burroughs-Wellcome	2 mg	50	00081-0045-35	1.49
Etoposide, “Vepesid,” Caps, 50mg				
Bristol-Myers	50 mg	20	00015-3091-45	33.73
Cyclophosphamide, TABs 25mg				
Bristol-Myers	25 mg	100	00015-0504-01	1.50
Bristol-Myers	50 mg	100	00015-0503-01	3.00
Bristol-Myers	50 mg	1000	00015-0503-02	3.00

Oral Anti-Cancer Drug Codes Updates

Descriptors		NDC Number/Code
Cyclophosphamide	25 mg oral 1 TAB, per Unit	00015-0504-01
Cyclophosphamide	50 mg oral 1 TAB, per Unit	00015-0503-01
Cyclophosphamide	50 mg oral 1 TAB, per Unit	00015-0503-02
Etoposide	50 mg oral 1 TAB, per Unit	00015-3091-45
Methotrexate	2.5 mg oral 1 TAB, per Unit	00536-3998-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	00536-3998-36
Methotrexate	2.5 mg oral 1 TAB, per Unit	00005-4507-23
Methotrexate	2.5 mg oral 1 TAB, per Unit	00555-0572-35
Methotrexate	2.5 mg oral 1 TAB, per Unit	00555-0572-02
Methotrexate	2.5 mg oral 1 TAB, per Unit	00781-1076-36
Methotrexate	2.5 mg oral 1 TAB, per Unit	00781-1076-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	00182-1539-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	00904-1749-60
Methotrexate	2.5 mg oral 1 TAB, per Unit	00378-0014-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	58469-3998-30
Methotrexate	2.5 mg oral 1 TAB, per Unit	00603-4499-21
Methotrexate	2.5 mg oral 1 TAB, per Unit	00364-2499-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	51079-0670-05
Methotrexate	2.5 mg oral 1 TAB, per Unit	00405-4643-36
Methotrexate	2.5 mg oral 1 TAB, per Unit	00405-4643-01
Methotrexate	2.5 mg oral 1 TAB, per Unit	00904-1749-73
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-4550-25
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-8550-03
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-8550-05
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-8550-06
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-8550-07
Methotrexate	2.5 mg oral 1 TAB, per Unit	00054-8550-10
Melphalan	2 mg 1 TAB, per Unit	00081-0045-35

DMERC Level III Codes and Modifiers Updates

Level III Codes	Description
XX001	Sterile Saline, Unit Dose, up to 5 ml, each
XX002	Blood Glucose Test or Reagent Strip for Home Blood Glucose Monitor, per 25 Strips
XX003	Platforms for Home Blood Glucose Monitor, 50 per Box
XX004	Urinary Intermittent Catheter with Insertion Tray
XX005	Therapeutic Agent for Urinary Catheter Irrigation
XX006	Ostomy Deodorant, All Types, per Ounce
XX007	Adhesive Remover Wipes, 50 per Box
XX008	Ostomy Filters, Any Type, each
XX009	Dobutamine, 250 mg
XX010	Immunosuppressive Drug, Not Otherwise Classified
XX011	Nonadhesive Appliance Disc, each
XX014	Tracheostoma Filter(s), Any Type, Any Size, each
XX030	Category IV Enteral Product, 100 Calories = 1 Unit, Accupep HPF
XX031	Category IV Enteral Product, 100 Calories = 1 Unit, Aminaid
XX032	Category IV Enteral Product, 100 Calories = 1 Unit, Entera OPD
XX033	Category IV Enteral Product, 100 Calories = 1 Unit, Glucern
XX034	Category IV Enteral Product, 100 Calories = 1 Unit, Hepatic Aid
XX035	Category IV Enteral Product, 100 Calories = 1 Unit, Impact
XX036	Category IV Enteral Product, 100 Calories = 1 Unit, Impact with Fiber
XX037	Category IV Enteral Product, 100 Calories = 1 Unit, IMMUN-AID
XX038	Category IV Enteral Product, 100 Calories = 1 Unit, Lipisorb
XX039	Category IV Enteral Product, 100 Calories = 1 Unit, NEPRO
XX040	Category IV Enteral Product, 100 Calories = 1 Unit, Replete
XX041	Category IV Enteral Product, 100 Calories = 1 Unit, Replete with Fiber
XX042	Category IV Enteral Product, 100 Calories = 1 Unit, Nutrihep
XX043	Category IV Enteral Product, 100 Calories = 1 Unit, Nutrivent
XX044	Category IV Enteral Product, 100 Calories = 1 Unit, Peptamen
XX045	Category IV Enteral Product, 100 Calories = 1 Unit, Perative
XX046	Category IV Enteral Product, 100 Calories = 1 Unit, Pregestimil
XX047	Category IV Enteral Product, 100 Calories = 1 Unit, Protian XL
XX048	Category IV Enteral Product, 100 Calories = 1 Unit, Provide
XX049	Category IV Enteral Product, 100 Calories = 1 Unit, Pulmocare
XX050	Category IV Enteral Product, 100 Calories = 1 Unit, Reabilan HN
XX051	Category IV Enteral Product, 100 Calories = 1 Unit, Suplena
XX052	Category IV Enteral Product, 100 Calories = 1 Unit, Stresstein
XX053	Category IV Enteral Product, 100 Calories = 1 Unit, Trauma-Cal
XX054	Category IV Enteral Product, 100 Calories = 1 Unit, Traum-Aid HBC
XX055	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb Hepatic
XX056	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb MCT
XX057	Category IV Enteral Product, 100 Calories = 1 Unit, Travasorb Renal
XX058	Category IV Enteral Product, 100 Calories = 1 Unit, Vivonex T.E.N.
XX059	Category V Enteral Product, 100 Calories = 1 Unit, Casec
XX060	Category V Enteral Product, 100 Calories = 1 Unit, Controlyte
XX061	Category V Enteral Product, 100 Calories = 1 Unit, Elementra

DMERC Level III Codes and Modifiers Updates (Cont'd)

Level III Codes	Description
XX062	Category V Enteral Product, 100 Calories = 1 Unit, Fibrad
XX063	Category V Enteral Product, 100 Calories = 1 Unit, Lipomul
XX064	Category V Enteral Product, 100 Calories = 1 Unit, MCT Oil
XX065	Category V Enteral Product, 100 Calories = 1 Unit, Microlipid
XX066	Category V Enteral Product, 100 Calories = 1 Unit, Moducal
XX067	Category V Enteral Product, 100 Calories = 1 Unit, Nutrisource
XX068	Category V Enteral Product, 100 Calories = 1 Unit, Polycose
XX069	Category V Enteral Product, 100 Calories = 1 Unit, Promod
XX070	Category V Enteral Product, 100 Calories = 1 Unit, Promix
XX071	Category V Enteral Product, 100 Calories = 1 Unit, Propac
XX072	Category V Enteral Product, 100 Calories = 1 Unit, Sumacal
XX073	Category IV Enteral Product, 100 Calories = 1 Unit, Advera
XX074	Category IV Enteral Product, 100 Calories = 1 Unit, Crucial
XX075	Category IV Enteral Product, 100 Calories = 1 Unit, Diabetisource
XX076	Category IV Enteral Product, 100 Calories = 1 Unit, Isosource VHN
XX077 **	Category IV Enteral Product, 100 Calories = 1 Unit, Vivonex Plus
YY001	Dynamic Adjustable Elbow Extension/Flexion Orthosis
YY002	Dynamic Adjustable Wrist Extension/Flexion Orthosis
YY003	Dynamic Adjustable Knee Extension/Flexion Orthosis
YY004	Dynamic Adjustable Andkle Extension/Flexion Orthosis
YY005	Replace Soft Interface Material, Dynamic Adjustable Extension/Flexion Orthosis
YY006	Dynamic Adjustable Finger Extension/Flexion Orthosis
ZZ001	Miscellaneous Supply, Acessory or Service Component of Another Item
ZZ002	Incontinence Supply, Component of Another Item
ZZ003	Suction Pump Supply or Accessory, Component of Another Item
ZZ004	CPAP Supply, Component of Another Item
ZZ005	Prosthetic and Orthotic Supply or Service, Component of Another Item
ZZ006	TENS Supply or Accessory, Component of Another Item
ZZ007	Tracheostomy Supply, Component of Another Item
ZZ008	Delivery, Set-up and Dispensing Service, Component of Another Item
ZZ009	Oxygen Supply or Accessory, Component of Another Item
ZZ010	Transtracheal Oxygen Catheter for Patient Owned Equipment
ZZ011	Transtracheal Oxygen Catheter, Component of Another Item

** New Code Request Not Yet Approved by HCFA (August 3, 1994)

Modifier	Description
ZU	Advance Notice of Possible Medical Denial on File
XA	IV Pole with PEN Infusion Pump
ZX	Specific Requirements Found in the Documentation Section of the Medical Policy Have Been Met and Evidence of This is Available in the Supplier's Records
ZY	Potentially Noncovered Item or Service Billed for Denial or at Beneficiary's Request

Surgical Dressings

Code	Description
K0198	Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing
K0205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0206	Contact layer, 16 sq. in. or less, each dressing
K0208	Contact layer, more than 48 sq. in., each dressing
K0215	Foam dressing, wound filler, per gram
K0218	Gauze, non-impregnated, pad size more than 48 sq. in., without adhesive border, each dressing
K0230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in. without adhesive border, each dressing
K0239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce

When submitting for the above surgical dressings, a name brand, size and product number must be sent in with the claim. Failure to do so will result in the denial of the submission.

Reminder:

Code A4465, non-elastic extremity binder, is a non-covered item.

Revised 1995 Fees For Surgical Dressings

K0203	$3.01	K0204	$5.61
K0252	$2.93	K0253	$5.72

Deletion of Existing Codes

Tape (A4454), Repair of Prosthesis (L7500)

(This is a revision of instructions published in Supplier Bulletin 95-04, March 1995).

Supplier Bulletin 95-01, January 1995 listed the following new codes:

K0265 Tape, all types, per 18 square inches
K0285 Repair of prosthetic device, labor component, per 15 minutes

The codes are effective for dates of service on or after January 1, 1995.

The previous codes, A4454 and L7500, will be denied as invalid on claims received by the DMERC on or after **September 1, 1995** with dates of service on or after January 1,1995. These codes will continue to be valid for claims with dates of service prior to January 1, 1995.

Claims Processing for Maxillofacial Prosthetics

The following codes can be used to report claims for maxillofacial prosthetics and are to be processed by the local Medicare carriers and not the **DMERCs**.

CPT

21079 - 21089

HCPCS

G0020 - G0021	+ L8612
* D5911 - D5912	+ L8613
* D5913 - D5936	+ L8614
* D5952 - D5960, D5988	+ L8615
* L8499	+ L8616
+ L8610	* L8617
* L8611	* L8618

* See crosswalk to CPT codes below.

+ Covered under the prosthetic benefit and not as a physician fee schedule service.

Coding Crosswalk for Certain HCPCS Codes for Physician Billings

- ❑ HCPCS Codes D5911 and D5912 should be crosswalked to CPT code 21088.
- ❑ ** HCPCS Code L8499 should be crosswalked to CPT code 21089.
- ❑ HCPCS Code L8611 should be crosswalked to G0021.
- ❑ HCPCS Code L8617 should be crosswalked to CPT 21081.
- ❑ HCPCS Code L8618 should be crosswalked to CPT 21083.
- ❑ Unlisted maxillofacial prosthetics should be reported using CPT code 21089.

Note: HCPCS codes D5913 - D5936 and D5952 - D5960, D5988 currently contain instructions for crosswalk to various CPT codes for claims processing purposes.

** L8499 should be used by physicians to report only an unlisted maxillofacial prosthetic and should be processed by the local carrier under CPT Code 21089. Other items reported under this code will continue to be processed by the DMERC.

The payment amount for the maxillofacial prosthesis includes, for all of the above carrier processed CPT codes, the professional services required to design, fit, prepare and install the prosthesis as well as the cost of the material for the prosthesis. Separate payment is not made for the prosthesis. Services provided "incident to" the physician to design, fit, prepare or install the prosthesis are included in the single payment. However, if the need for a maxillofacial prosthesis arises as the result of the excision of a tumor, the surgery to excise that tumor would be paid as a separate procedure distinct form the insertion of the maxillofacial prosthesis.

Action Code Update

The following is a list of action codes which are currently being used by the DMERC. They are *not* included in Section 10 of the Region A DMERC *Supplier Manual*:

282 Medicare does not pay for environmental and personal comfort items.

283 The information we have in this case indicates the need for new blood gas tests in the third month of home oxygen use.

284 Medicare cannot pay for this because blood gas tests were conducted by a supplier of Durable Medical Equipment.

386 Medicare cannot pay for this because blood gas tests were taken while the patient was on oxygen.

388 Medicare does not pay for this equipment when oxygen is not being used.

397 A rental claim has already been paid this month for this equipment.

398 Medicare cannot pay for this oxygen equipment because it cannot deliver the liters per minute prescribed by the physician.

399 Medicare cannot pay for oxygen on the basis of the test results submitted.

401 This code is not valid for DMERC processing. please refile the claim for this service to the appropriate carrier.

402 Medicare does not make separate payments of items that are part of another item for which payment is made.

405 Medicare cannot pay for this home oxygen claim because the results of tests that establish medical necessity for oxygen were not included with the claim. Please submit a new complete claim to us with all the

required information. The assignment agreement remains in effect and will apply to a new claim.

408 We need to know if this repair is being done on an item that is owned, rented, or being purchased. Please submit a new complete claim to us with all the required information. The assignment agreement remains in effect and will apply to a new claim.

411 Medicare cannot pay for equipment that was not received by the patient.

415 Medicare cannot pay for supplies or accessories used with equipment for which payment has been denied.

416 Medicare does not pay for noncovered parenteral and enteral therapies.

417 Medicare does not pay for these services when they are not given in conjunction with total parenteral nutrition.

418 Services provided prior to the onset date of certified parenteral/enteral nutrition is not covered.

419 The approved amount of this parenteral/enteral nutrition supply is based on a less extensive level care of the nature of the diagnosis stated.

421 The approved payment for calories/grams is the most Medicare may allow for the diagnosis stated.

433 The medical information we have for this patient does not support the need for this item as billed. We have approved payment for this item at a reduced level.

439 Medicare cannot pay for this repair because the date of purchase was not given.

531 The information we have in your case does not support the need for this supply.

752 Medicare does not pay for supplemental nutritional therapy.

753 Medicare does not pay for this equipment unless the patient's doctor has recently prescribed it.

825 You did not file this claim on time. You can bill only 20 percent of the charges that would have been approved by Medicare. This is true even though no Medicare payment can be made.

Professional Relations

DMERC Advisory Committee

The DMERC Advisory Committee (DAC) selection process has been completed. Thanks to all who applied. Those of you who were chosen have been notified by mail. Congratulations to all of you.

Phone Number Change

Doris Spencer - Ombudsman, New England States

Connecticut	(203) 639-3150
Pennsylvania	(717) 735-9413

Annoucements

The Region A DMERC announces the following appointments:

Denice Cramer-McHale R.N.
Professional Relations Nurse Ombudsman
717-735-9419

Brian Thomas
Professional Relations
Ombudsman - New Jersey, Delaware
717-735-9407

Region A DMERC Educational Meetings for Phyicians, Medical Professionals, and Suppliers

The MetraHealth Region A DMERC will be holding Educational Meetings throughout Region A. These meetings are intended for physicians and other medical professionals and suppliers to learn what medical necessity documentation is required when Durable Medical Equipment, Orthotics, Prosthetics and Supplies are prescribed. Topics on medical policy, Certificate of Medical Necessity, physicians orders, ICD-9 diagnosis codes, and fraud and abuse will be discussed.

We urge you to attend if you prescribe any item of durable medical equipment; e.g., hospital bed, glucose monitor, wheelchairs, oxygen), incontinence supplies, surgical dressings, parental nutrition, enteral nutrition, braces (e.g., leg, arm, spinal), or ostomy supplies.

Your attendance at these meetings will benefit your patients by ensuring prompt processing of their Medicare claims. You and your office staff will benefit from your increased knowledge of DMERC procedures, saving you time and money. Two meeting sessions will be held a day.

Morning Session

- ❑ Registration 7:30 A.M.
- ❑ Presentation 8:00 to 12:00 A.M.

Afternoon Session

- ❑ Registration 12:30 P.M.
- ❑ Presentation 1:00 P.M. to 5:00 P.M.

Reservations are required. Complete the form on the bottom of this page and return it by **August 1, 1995**. Return the form by FAX or mail to the address shown. For assistance, call our Provider Relations Department at (717) 735-9445.

Please bring writing materials to the meeting.

✂ -

Region A DMERC Educational Meetings Registration Form

Name: ____________________

Representing: ____________________

Address: ____________________

____

____

Phone Number: ____________________

Please check one of the following: ❑ Physician ❑ Physician Office Assistant ❑ Discharge Planner ❑ DME Supplier ❑ Physical Therapist ❑ Other: ____________

Meeting Date and Location: ____________ Number Attending: ____________

Session: ❑ A.M. ❑ P.M.

Please complete this form and mail or fax to:

Mail to: MetraHealth Region A DMERC
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
ATTN: Professional Relations

Fax to: Professional Relations
(717) 735-9442

Continuing Education Meeting Schedule

Pennsylvania

8/14/95	Radisson Hotel Pittsburgh 101 Mall Boulevard Monroeville, PA 15146 412-373-7300
8/16/95	Holiday Inn 1450 South Atherton Street State College, PA 16801 814-238-3001
8/18/95	Valley Forge Hilton 25 West Dekalb Pike King of Prussia, PA 19406 610-337-1200
8/22/95	East Mountain Inn 2400 East End Boulevard Wilkes-Barre, PA 18702 717-822-1011

New York

8/29/95	Marriott Hotel 1340 Millersport Highway Buffalo, NY 14221 716-689-6900
8/31/95	Quality Inn 1308 Buckley Road North Syracuse, NY 13212 315-451-1212

Connecticut

9/12/95	Stamford Marriott Hotel 2 Stamford Forum Stamford, CT 06901 203-357-9555

New Jersey

9/14/95	Governor Morris Hotel 2 Whippany Road Morristown, NJ 01960 201-539-7300
9/27/95	Resorts Hotel Casino 1133 Boardwalk Atlantic City, NJ 08401 609-344-6000

Maine

9/21/95	Howard Johnsons Hotel 675 Main Street South Porthland, ME 04106 207-778-5343

Vermont

9/19/95	Ramada Inn & Conference 1117 Williston Road Burlington, VT 05403 802-658-0250

New Hampshire

9/26/95	Holiday Inn 172 North Main Street Concord, NH 03301 603-224-9534

Massachusetts

9/28/95	Boston Marriott Westborough 5400 Computer Drive Westborough, MA 01581 508-366-5511

DMERC Customer Satisfaction Survey

To ensure exceptional customer service, please complete the following survey and return it to our office. We would like to provide you the opportunity to identify how we can improve the quality of our services. Your participation in this survey is voluntary. Answer any question that apply to the service you receive.

Customer Service/Telephone

1. Was your first contact able to handle your call? ❑ Yes ❑ No

2. How would you rate the amount of time it took to answer your questions? (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

3. If follow-up was required, please rate the follow-up service you received. (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

4. Was the person you spoke to:
   ❑ Very Polite ❑ Polite ❑ Indifferent q Rude
   Other (please clarify)_____
   _____
   _____
   _____
   If known, who was your contact person? _____

5. How would you rate the quality of the answers you received? (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

Written Inquiries (Other Than Appeals)

6. How would you rate the amount of time it took to answer your letter? (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

7. Did the response answer all of your questions? ❑ Yes ❑ No

8. How would you rate the quality of the answers you received? (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

Appeals

9. How would you rate the amount of time it took to answer your appeal request? (Check one)
   ❑ Excellent ❑ Good ❑ Fair q Poor

10. Did the response address each charge/claim in questions? ❑ Yes ❑ No

11. How would you rate the quality of the answers you received? (Check one)

❑ Excellent ❑ Good ❑ Fair q Poor

12. If you called for a telephone review, was the person you spoke to: ❑ Polite ❑ Rude

Other (please clarify)_____

_____

_____

_____

Claims

13. How would you rate the amount of time it takes to process your claims? (Check one)

❑ Excellent ❑ Good ❑ Fair q Poor

14. How would you rate the accuracy of our claims processing? (Check one)

❑ Excellent ❑ Good ❑ Fair q Poor

15. How do you file claims? ❑ Electronically ❑ Paper

Public Relations

16. Are you currently a member of your state's association of medical equipment suppliers? ❑ Yes ❑ No

How can we improve?
We welcome your comments. We would especially appreciate comments on how your questions were answered.

_____

_____

_____

_____

_____

_____

Return to:

Region A DMERC
The MetraHealth Insurance Company
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: Professional Relations Department

Customer Service

Beneficiary Telephone Inquiry

Suppliers ... Please make this information available to beneficiaries.

The Health Care Finance Administration (HCFA) has revised the guidelines for telephone inquiries received by Medicare Carriers from Medicare beneficiaries and relatives, advocacy groups, legal representatives of friends acting on behalf of the beneficiary. We would like to share these guidelines in an effort to provide the best customer service possible for our customers.

Beneficiary Calls

Telephone representatives must verify that it is the beneficiary calling by asking the following questions:

- ❑ Health Insurance Claim Number,
- ❑ Date of birth, and
- ❑ Full name.

The telephone representative can then discuss any information with the beneficiary, including why the claim was reduced or denied. If a relative of the beneficiary, an advocacy group, legal representative, or friend calls regarding claim information **and the beneficiary is also on the telephone**, the telephone representative can discuss any claim information with the beneficiary and the third party.

Written Authorization

If a relative of the beneficiary, or any other individual acting on behalf of the beneficiary calls, and the beneficiary is not on the telephone, the telephone representative will need written authorization to release claims-related information relevant to the beneficiary. The written authorization must specify:

- ❑ Period of time,
- ❑ Authorized individual, and
- ❑ What information may be disclosed.

No Written Authorization

When a representative of a beneficiary calls without written authorization, but has identifying information on the beneficiary (i.e., Health Insurance Claim Number, date of birth, and full name) and the claim, itself, (i.e., dates of service and, if applicable, an Explanation of Medicare Benefits (EOMB), claim control number), only the following can be released:

- ❑ Claim has or has not been received,
- ❑ Claim has or has not been processed, and
- ❑ Beneficiary can expect an EOMB by a certain date.

Region A DMERC
Beneficiary Toll-Free Number:
1-800-842-2052
8:00 a.m. - 4:00 p.m. EST

Mailing Lists

All **changes of address** should be directed through the National Supplier Clearinghouse (NSC). A change of address form is required and can be requested by calling (803) 754-3951 or by writing to:

Palmetto Government Benefits Administrators
National Supplier Clearinghouse
P.O. Box 100142
Columbia, SC 29202-3142

To add an **additional address** to our mailing list, please submit the request, in writing, to:

Region A DMERC
The MetraHealth Insurance Company
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: Professional Relations Department

Miscellaneous

Vancomycin

The Center for Disease Control and Prevention (CDC) has determined that use of Vancomycin may increase the possibility of emergence of Vancomycin-resistant staphylococci and enterococci. Since the presence of these organisms has a significant negative public health impact, use of Vancomycin should be limited to those situations in which it is clearly necessary. In the Federal Register, Vol. 59, No. 94, page 25761, the CDC outlined appropriate and inappropriate uses of Vancomycin. Of the appropriate uses listed, use of Vancomycin administered through an infusion pump in the home setting would usually be limited to the following:

1. Treatment of serious infections due to beta-lactam resistant gram positive microorganisms.

2. Treatment of infections due to gram positive microorganisms in patients with serious allergy to beta-lactam antimicrobials.

The fact that the only antibacterial antimicrobial that the DMERC Regional Medical Policy on Infusion Pumps currently covers is Vancomycin should not lead clinicians to prescribe it when other antibiotics would be more appropriate for a particular patient.

Acknowledgment Letters from Review

On June 12, 1995, suppliers and beneficiaries started receiving an acknowledgment letter for all claims sent to review. This letter gives the beneficiary HIC Number, Claim Control Number, and date received. **The issuing of acknowledgment letters should alleviate the burden of suppliers having to call customer service to verify the receipt of a review.**

Note: If a request for review is made and you do not receive an acknowledgment letter within 2 weeks, please do not resubmit. Please call the customer service line to verify the claim status.

OCNA Number Correction

The March edition of "DME Medicare News" listed the OCNA Number for Constitution Health Care (CHC) as 06473C0001. The correct number is 06473C001. The newsletter also listed the OCNA number for all BCBS Connecticut entities as 06473B001. The correct number is 06473C001.

Fraud and Abuse

Rental Purchase Items

Some DME items may be rented prior to purchase. If it would be more beneficial for your patient, the rental option would allow time for the physician to determine and evaluate the effectiveness of the treatment. If appropriate, the item could be purchased.

Telephone Solicitation of Beneficiaries

Only a beneficiary's doctor should prescribe medical equipment for the beneficiary. Beware of requests to sign CMNs/orders for DME items which you have not initiated.

Telephone solicitation of DME items is considered a fraudulent activity.

Fraud Unit Relocates to CT

The Fraud Unit of the Region A DMERC is now located in the Meriden, Connecticut. Frank Fallon, Manager of Program Integrity, can be reached at:

Region A DMERC Fraud Unit
The MetraHealth Insurance Company
P.O. Box 9000
Meriden, CT 06454-9000

Please continue to send all Program Integrity inquiries to:

Region A DMERC
The MetraHealth Insurance Company
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: Program Integrity Unit

Special Edition Newsletter to be Released Soon!

Fraud and abuse of the Medicare Program is costing the United States taxpayer billions of dollars each year and has been recognized as a major drain on the Medicare Trust Fund. As a Medicare carrier, one of our primary responsibilities is to identify cases of suspected fraud and abuse and to develop and refer those cases to the Office of Inspector General (OIG) for consideration and application of criminal, civil, civil monetary penalty and / or administrative sanctions.

The Region A DMERC is actively pursuing all cases of suspected fraud and abuse. Periodically, we will be providing you with educational and informational updates on potential fraud and abuse practices. Within the next few weeks, you will be receiving a special edition of "DME Medicare News" that will be dedicated to the fraud and abuse topic. Please be sure that you read the information carefully. If you have any questions concerning the information, please contact any of the following individuals:

Shelly Buonanni	(203) 639-3172
Robert McGinley, Associate Manager	(203) 639-3171
Frank W. Fallon, C.F.E., Manager	(203) 639-3170

Questions and Answers

The DMERC recently had the opportunity to participate at the annual meetings of several Region A supplier associations. During those meeting, numerous questions were asked. We have included the most frequently asked questions and answers in this article.

Q. Are the batteries and charger included with scooters (E1230)?

The E1230 POV is priced with the battery and charger at the time of purchase. Battery replacements, if necessary, may be billed six months from the POV purchase. (Reference MCM 51.07.1)

Q. What are the dealer's responsibilities for resubmitting non-assigned Medicare claims? Also, is the dealer responsible for the submission of the 20% if Medicare is secondary payor?

The supplier is required to resubmit the claim through claims processing. Suppliers may, but are not required to, request a review for the beneficiary. If the supplier receives an EOB from a primary insurance company and Medicare is secondary, the supplier is required to submit the claim to Medicare. (Reference MCM 3041.B)

The following definitions may help clarify the difference between "review" and "resubmit."

Review - A process that formally "reviews" a claimant's dissatisfaction with either the amount Medicare paid on a claim or coverage issues for services received.

Resubmit - The resubmission of a claim that was initially filed incorrectly by the supplier (e.g., missing information, no CMN, or no UPIN.)

Q. For oxygen rentals over 4 L/M, what is needed for documentation in addition to the CMN?

When oxygen is ordered at flow rates greater than 4 L / M, there should be documentation showing the need for the higher flow rate. Acceptable documentation would consist of arterial blood gases or oxygen saturation levels performed while the patient is breathing at least 4 L / M, demonstrating a degree of hypoxemia which would require a flow rate even higher than 4 L / M. This documentation should be submitted with the initial certification.

Q. Why can't units be listed on the EOMB?

We have recently completed a redesign of the Explanation of Medicare Benefits to assist with better understanding of the completed claim. This redesign included not breaking the claim information for a beneficiary to the next page. Because other pertinent information needed to be listed on the Explanation of Medicare Benefits (i.e., crossover to a supplemental insurance plan and claim coding messages), it was impossible to show the number of units.

Q. Please provide and update on crossover of claims to state Medicaid offices. Which states are receiving electronic claims or paper, and which states are not yet crossing claims automatically to the state agencies?

MA, ME, VT, RI, CT, and NH all accept crossover of Medicare claims from the Region A DMERC. All medical agencies receive crossovers from Region A DMERC via electronic tape. CT and RI forward an eligibility file to the DMERC, which enables crossover to occur for the beneficiaries listed.

For crossover to occur for MA, ME, VT and NH, the information must be keyed in the correct fields for EMC. Suppliers who submit paper claims will need to complete the information for Blocks 9D (the OCNA Number) and 10D (MCD Policy Number).

Q. For Alter Pressure Pump rentals, what happens when the patient requests a "pad" to be replaced frequently? How or why can't suppliers bill for the pad?

The monthly allowable for the Alternating Pressure Pump includes the fee for the pad.

Q. How long does it take for the DMERC to update its file on Medicare beneficiary eligibility information? Denials are occurring as a result of this issue, including many MSP claims. Please comment.

All complete Medicare secondary payer information should be updated within 30 days from our receipt of the information to change the MSP status. This information must be complete. If "Medicare is Primary" is stated and we have an open and valid MSP file, we must develop your statement by sending a questionnaire to either the beneficiary or to the Medicare contractors, to validate why the information had changed.

Unfortunately, responses can take time. Other claims can be denied while we are researching the information. Once we have completed documentation that Medicare is truly the primary insurance coverage, the MSP file is updated and adjustments are made to the previously denied claims.

Q. Why are custom power chairs (K0011, K0012, K0013) consistently denied when the evidence given with the initial claim is the same that is used in the Review process to get paid.

Recently, we have addressed this issue and all custom wheelchairs are screened in the Prepayment Unit staffed with medical personnel. This should not occur in the future. In some cases, the review is submitted with the correct documentation; e.g., a new Certificate of Medical Necessity is sent in with the questions answered correctly, or the correct brand name, make and model number, or added documentation for the customization.

Q. Can the DMERC suggest another way for the supplier to dispute claims in a speedier fashion instead of using the mail? If it is apparent that the claim is in order, can this information be faxed to the department that handles these claims for immediate review?

All overpayment reconsiderations should be in writing in order for us to have the proper documentation to evaluate and / or reverse the overpayment case. This documentation can be faxed, along with a copy of the original overpayment refund request letter, to (717) 735-9402.