

DME Medicare News

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

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METRAHEALTH™

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The MetraHealth Insurance Co.	(717) 735-9400
FAX	(717) 735-9402
Beneficiary Toll-Free Number	(800) 842-2052
Bulletin Board	
Participating Supplier	(800) 842-5713
Non-Participating Supplier	(717) 735-9515
EMC FAX	(717) 735-9510
National Supplier Clearinghouse	(803) 754-3951
SADMERC	(803) 736-6809
Supplier Help Line Number	(717) 735-9445

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The Region A "DME Medicare News" is published by MetraHealth Government Operations DMERC Professional Relations Unit for DMEPOS suppliers in Region A. For further information on this publication, please contact:

METRAHEALTH™

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MetraHealth Name Change

The Medicare Division of MetraHealth will soon become the Medicare Division of United HealthCare Insurance Company. You will notice the United HealthCare name being used in statements or mailings from us. Office locations, phone numbers, and staff members will remain the same.

Do Not Forward Initiative

Durable Medical Equipment Regional Carriers (DMERCs) will begin using **DO NOT FORWARD** envelopes when mailing checks to suppliers. The Do Not Forward Initiative was recommended by HCFA's Operation Restore Trust (ORT) as a way of combating illegitimate, non-operational DME suppliers.

Only supplier checks will be placed in DO NOT FORWARD envelopes. Remittance notices without checks will be sent in regular envelopes and will be forwarded. Checks to beneficiaries will also be sent in regular envelopes and will be forwarded.

When a check is returned to the DMERC from the Post Office, the DMERC will forward the envelope with the new address notation to the National Supplier Clearinghouse (NSC). The NSC will pursue the investigation to obtain an official, revised, current address.

Reminder to Suppliers: make sure that your **REAL** mailing address is the one on record with the NSC or this may cause problems for your company. The Postal Service will be returning the checks to the DMERCs as undeliverable. You can verify this by contacting the NSC:

National Supplier Clearinghouse
Palmetto Government Benefits Administrator
P.O. Box 100142
Columbia, SC 29202-3142
(803) 754-3951



Billing

Medicare Billing for Drugs Used with DME and Prosthetic Devices

The following questions and answers were developed by HCFA for clarification of the revision of the MCM section 3060. Initial notification of this revision was published in our September edition of the DME Medicare News, No. 31, page 12. The article, Nebulizer Drug Dispensing, is reprinted after the questions and answers. (The effective date for this revision is for claims with dates of service on or after December 1, 1996.)

Revision to Section 3060.D of the Medicare Carriers Manual

Questions and Answers

Q. Why was this change in payment policy made? What is the background for the requirement that only licensed pharmacies may bill for drugs used in durable medical equipment?

Response:

This revision states that only entities that are licensed to dispense prescription drugs and that have Medicare supplier numbers may bill for this service when it is provided in conjunction with durable medical equipment (DME) or prosthetic devices. These drugs typically include nebulizer drugs, intravenous (IV) medications for pain management, antiviral drugs, cancer treatments, parenteral nutrients, and oxygen. A DME supplier, that is not also a pharmacy, may bill only for the equipment.

The purpose of this revision is to bring Medicare billing practices into conformity with state and Federal law, which require that only a licensed pharmacy (or other licensed entity) may legally dispense drugs. In addition, since a prescription for a drug is written for a specific individual, according to current Medicare reassignment restrictions, it may not be purchased by a DME supplier for resale to a beneficiary. The revised policy will require that in order for prescription drugs used in conjunction with DME or prosthetic devices to be covered by Medicare, a pharmacy that dispenses such drugs must have a Medicare supplier number, must be licensed in the state in which the drug is dispensed, and must bill and receive payment in the pharmacy's own name.

We believe that this new requirement, which is effective on December 1, 1996, will help protect the health and safety of Medicare's beneficiaries, will eliminate inappropriate Medicare payments, and will strengthen HCFA's partnership with all state Boards of Pharmacy to more closely monitor pharmacy practices.

Q. The industry needs a minimum of sixty (60) days advance notice of operational requirements prior to implementation.

Response:

We recognize that the DME supplier community requires sufficient time to adjust their business arrangements to comply with the new policy. The policy was issued on July 30, 1996 and the Durable Medical Equipment Regional Carriers informed suppliers of the revised instruction in their quarterly bulletins which were mailed about mid-September. We believe that this provides suppliers with adequate notice to adjust to the new billing requirements.

Q. If December 1, 1996 is the effective date, is this date for the "date-of-service" or the date the claim is submitted/received by Medicare?

Response:

This policy applies to drugs that are dispensed with "dates-of-service" on and after December 1, 1996. This policy does not apply to claims submitted on or after December 1, 1996 for services that were furnished prior to the December 1 effective date.

Q. Please define the terms "licensed pharmacy" and "dispense."

Response:

A licensed pharmacy is a business entity that has a valid pharmacy permit indicating the business entity has met licensure requirements by successfully completing the statutory pattern of qualifications for pharmaceutical practice which the State has established. State boards of pharmacy typically license all pharmacists and pharmacy departments within their state. Pharmacy boards also regulate the operation of pharmacy departments by owners, and the practice of pharmacy by pharmacists. Your State Board of Pharmacy should have a current copy of the laws and regulations that govern the practice of pharmacy in your state.

The National Association of Boards of Pharmacy (NABP) defines dispense or dispensing of a drug to mean “the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.”

- Q. How much time does it take Medicare to issue a provider number? Will there be a separate “pharmacy only” provider number? Who will issue the number?

Response:

The average time for processing a Medicare supplier application is 30 days if the application is complete and no additional development is required. A separate “pharmacy only” number is not required. Specific questions concerning the application process should be directed to:

National Supplier Clearinghouse
P.O. Box 100142
Columbia, South Carolina 29202-3142

Telephone number in South Carolina (803) 754-3951 from 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday.

- Q. Must a pharmacy be physically located in the state in which the drugs are dispensed, or must they simply be licensed by the state in which the drugs are dispensed?

Response:

A pharmacy must be licensed in the state in which the drugs are dispensed. For mail order pharmacies, this would be the state in which the pharmacy is physically located. In addition, current regulations at 42 CFR 424.57(c)(9) require all suppliers to comply with applicable State and Federal licensure and regulatory requirements. Therefore, if a pharmacy sends drugs to a State in which it is not located, the pharmacy would have to comply with any applicable State requirements that pertain to mail order dispensing.

- Q. For the purpose of this instruction, is oxygen considered a drug that must be dispensed by a pharmacy?

Response:

The revised instructions do not require that a supplier of oxygen services be a licensed pharmacy. However, oxygen suppliers must meet appropriate state licensure requirements. While oxygen is considered a “drug” by the Food and Drug Administration and is prescribed by a physician in precise

quantities of flow rate and concentration, it is not regulated in the same manner as “other drugs.” The regulation of oxygen involves inspections of the company’s physical plant, storage and safety, purity of the oxygen, transport, as well as transfilling. Therefore, those billing Medicare for the supply of oxygen equipment and contents to beneficiaries must be licensed according to applicable state and federal regulations. Because the delivery of oxygen requires the ongoing monitoring of equipment function in terms of reliable delivery to the beneficiary, oxygen suppliers must be licensed in the state in which the beneficiary resides.

- Q. May Medicare-certified home health agencies and hospices continue to bill Medicare Part A for pharmaceuticals used in conjunction with DME, when the drugs are obtained from licensed pharmacies that have contractual arrangements with the agency?

Response:

Yes. The Medicare conditions of participation require that HHAs, hospices and their employees be in compliance with applicable Federal, State, and local laws. Therefore, because state or local law require drugs to be dispensed by a pharmacy and for the pharmacy to be licensed, we expect that the HHA or hospice is using a licensed pharmacy. This revised manual provision applies only to suppliers that are billing for services covered under Part B of the Medicare program. This manual provision does not apply to providers that bill Part A for DME and the prescription drugs. For this reason, this change to Medicare’s reassignment rules was made only in the Part B carriers manual and was not made in the Part A intermediary manual. However, we will continue to review the Part A issues raised here to determine if any additional action is necessary.

- Q. Can Medicare certified home health agency and hospice personnel deliver Part A home health covered pharmaceuticals, which have been packaged and labeled by a licensed pharmacy for specific patients, to eligible patients?

Response:

Yes. As previously indicated, the Medicare conditions of participation require that HHAs, hospices and their employees be licensed in accordance with Federal, State and local laws. Therefore, to the extent that HHA or hospice health care personnel are allowed under State or local law to deliver drugs, they are permitted to do so for Medicare patients, as long as the drugs are compounded by a pharmacy that is licensed in the state to dispense such drugs.

Q. May DME companies with supplier numbers deliver and bill under Medicare Part B for pharmaceuticals that are used in conjunction with DME, if the drugs are prepared and labeled by licensed pharmacies that have contractual arrangements with the DME companies?

Response:

After November 30, 1996, the answer is no. The revision to section 3060.D of the *Medicare Carriers Manual* states that only entities that are licensed to dispense prescription drugs and that have Medicare supplier numbers, may bill for this service when it is provided in conjunction with durable medical equipment or prosthetic devices. Therefore, a DME supplier that is not also a pharmacy may bill only for the equipment or device.

Q. Can Medicare certified home health agencies with supplier numbers bill Medicare Part B for pharmaceuticals used in conjunction with DME or a prosthetic device if the drugs are secured through contracts with licensed pharmacies?

Response:

No. As stated above, this policy limits the DME supplier to bill only for the DME, and does not allow the Part B supplier (unless it is a licensed pharmacy) to bill for prescription drugs that are used in conjunction with DME or a prosthetic device. Only a pharmacy that is legally authorized to operate in the state in which the drug is dispensed and that has a Medicare supplier number is allowed to bill for these prescription drugs, beginning December 1, 1996.

Q. If an entity (e.g., a DME company, an HHA, or hospice) acts as the network manager and contractor for delivery and administration of pharmaceuticals used in conjunction with DME, may that entity submit a consolidated Medicare Part B bill using its supplier number for the professional services (i.e., the drugs from a licensed pharmacy and the equipment from a DME company)?

Response:

No. Beginning December 1, 1996, the licensed pharmacy must bill Medicare Part B for the prescription drugs. If a non-pharmacy entity meets the supplier standards requirements and has a Medicare supplier number, then it may bill Part B for the equipment only. In other words, a third party that has contracts with a DME company and a licensed pharmacy may not submit a consolidated bill in its own name to Medicare Part B for the DME and the drugs. Each entity that provides the covered service must bill in their own name. That is, the DME company that supplies the equipment or an agency that acts

as a supplier must bill for the equipment only, and the licensed pharmacy that provides the drugs that are used with the equipment must bill for the drugs.

Q. Can a physician bill for both the DME equipment and the prescription drugs when the physician directly furnishes these services?

Response:

If a physician is licensed under state law to dispense drugs for home use with medical equipment, then the physician could bill Medicare for these drugs. In addition, if the physician is acting as a retailer for the DME equipment, then he may also continue to bill Medicare Part B for the equipment.

Q. Does this new policy apply to both enteral and parenteral products when they are covered under the prosthetic device benefit?

Response:

This policy does not apply to enteral nutrients which are considered to be food products rather than drugs. However, it does apply to parenteral nutrients which are considered to be drugs. The policy, which was published in a HCFA memorandum dated July 30, 1996, applies to the dispensing and billing of prescription drugs only.

Q. How is an HHA and a SNF affected by this revision to section 3060.D concerning who can bill for prescription drugs used in conjunction with DME and/or prosthetic devices?

Response:

If an HHA or SNF is furnishing services (under Part A or Part B) as a Medicare "provider of services," and is billing under an appropriate provider of services number, it is not affected by this revision. However, if an entity that also operates an HHA or SNF is furnishing services as a Medicare "supplier," then they must comply with the revised manual instructions. That is, a licensed pharmacy with a Medicare supplier number must bill for the prescription drug.

Q. The supplier media is full of articles about ways to comply with this new requirement. One of the most common (aside from purchasing a licensed pharmacy) is to have the supplier act as a billing agent for the pharmacy. Is this an acceptable arrangement? What constraints might apply?

Response:

Yes, a supplier may act as a billing agent for a licensed pharmacy that is dispensing prescription drugs. However, the supplier/billing agent must

comply with the requirements in section 3060.10 of the Medicare Carriers Manual on payment to agent. One of the requirements in 3060.10 states that the billing agent is not paid on a percentage basis of the dollar amounts billed or collected. If the billing agent is paid on some other basis, then the check, made out in the name of the pharmacy, must be deposited in the pharmacy's bank account and the pharmacy must have sole control of the funds. Thus, the supplier may not cash the check made out in the name of the pharmacy.

In addition, the billing agent's compensation must be commensurate with the market value for billing services in the area. Under acceptable billing arrangements, all claims must be submitted under the pharmacy's supplier number.

- Q. Will the new pharmacy providers have to conform to all HCFA standards that are now required of DME providers?

Response:

Yes. In order to receive a Medicare supplier number, a pharmacy must comply with the DME standards.

- Q. If a pharmacy purchases medications from another pharmacy (which may be located in another state), can the first pharmacy bill Medicare for the medication dispensing fee?

Response:

Regardless of the chain of acquisition through which the drugs come, it is only the pharmacy that ultimately dispenses the drug to the beneficiary which is allowed to bill the Medicare program for the drugs and dispensing fee.

- Q. Are there any related Medicare restrictions that apply to saline used to dilute nebulizer drugs?

Response:

Yes. Nebulizer drugs dispensed to patients in concentrated form require dilution with precise amounts of saline. The quantities of saline dispensed for this purpose, instructions for its proper use, and monitoring of utilization to assure compliance with the physician's prescription are all necessary functions of any dispensing pharmacist. Because saline used as a diluent is an intrinsic component of the inhaled form of a concentrated nebulizer drug, it may be dispensed and billed to the Medicare program only by a licensed pharmacist.

Nebulizer Drug Dispensing

Effective for claims with dates of service on or after December 1, 1996, only entities that are licensed to dispense prescription drugs may submit claims to the DMERC for prescription drugs that are used in conjunction with DME or prosthetic devices. This includes but is not limited to drugs used with nebulizers or infusion pumps. The entity must be licensed by the State in which it is physically located and from which the drugs are dispensed (shipped). The entity must have a Medicare supplier number in order to submit claims to the DMERC and must bill and receive payment for the drugs in its own name. The dispensing fee for nebulizer drugs must also be billed by this entity and must be on the same claim as the drugs themselves.

Clarification on Billing for Dates of Service Prior to Effective Date of Supplier Certification

Suppliers should not be paid for services, items, or supplies furnished prior to the date of issue of the suppliers NSC number. Back billing for dates of service prior to the issue date of the NSC number is not permitted and claims will be denied as such.

Claims Jurisdiction Change

Effective January 1, 1997, jurisdiction for codes J7610 through J7699 and A4220 will be modified as follows:

J7610-J7699 (Inhalation drugs): Local carriers will have jurisdiction on claims only when the place of service is coded as ambulance. Otherwise, the DMERCs have jurisdiction.

A4220 (Refill kit for implantable infusion pump supplies): DMERCs will no longer have jurisdiction for this code. Claims for this code will be processed only by the local carrier.

Billing Reminder for Code A4265

When billing for code A4265 (paraffin) it is reimbursed on a "per pound" basis (example: 6 pounds = 6 number of units).

HCPCS Coding

1997 HCPCS Update

Description changes to codes **effective for dates of service on or after January 1, 1997.**

Note: The descriptions for the following codes have been modified.

A4398	Ostomy irrigation supply; bag, each	L0300	Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support)
A4399	Ostomy irrigation supply; cone/catheter, including brush	L0500	Lumbar-sacral-orthosis (LSO), flexible, (lumbo sacral surgical support)
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	L0600	Sacroiliac, flexible (sacroiliac surgical support)
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	L0900	Torso support, ptosis support
E0116	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip	L0920	Torso support, pendulous abdomen support
E0141	Rigid walker, wheeled, without seat	L0940	Torso support, postsurgical support
E0146	Folding walker, wheeled, with seat	L1650	HO, abduction control of hip joints, static, adjustable, (Ilfed type)
E0315	Bed accessory: board, table, or support device, any type	L1660	HO, abduction control of hip joints, static, plastic
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	L1686	HO, abduction control of hip joint, post-operative hip abduction type
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	L1832	KO, adjustable knee joints, positional orthosis, rigid support
E0749	Osteogenesis stimulator, electrical, (surgically implanted)	L1930	AFO, plastic
J7505	Monoclonal antibodies - parenteral, 5 mg	L2112	AFO, fracture orthosis, tibial fracture orthosis, soft
J7506	Prednisone, oral, per 5 mg	L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid
J7620	(short description change = albuterol sulfate 0.83%/ml)	L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid
K0277	Skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft
K0278	Skin barrier; with flange (solid, flexible, or accordion), standard wear, with built-in convexity, any size, each	L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid
K0279	Skin barrier; with flange (solid, flexible, or accordion), extended wear, with built-in convexity, any size, each	L2136	KAFO, fracture orthosis, femoral cast orthosis, rigid
		L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable
		L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable rancho type
		L3966	SEO mobile arm support attached to wheelchair, balanced, reclining
		L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)

L4320 Addition to AFO, multipodus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner with soft interface for AFO, with velcro closure

L6806 Terminal device, Hook, Trs Grip, Grip III, VC, or equal

L6807 Terminal device, Hook, Grip I, Grip II, VC, or equal

L6808 Terminal device, Hook, Trs, Adept, Infant or Child, VC, or equal

L7180 Electronic elbow, Boston, Utah, or equal, myoelectronically controlled

L7274 Proportional control, 6-12 volt, Liberty, Utah, or equal

New Codes Effective for Dates of Service On or After January 1, 1997

The following codes are effective for dates of service on or after January 1, 1997 unless otherwise indicated:

A4221 Supplies for maintenance of drug infusion catheter, per week (list drug separately)

A4222 Supplies for external drug infusion pump, per cassette or bag (list drug separately)

A4255 Platforms for home blood glucose monitor, 50 per box

A4231 Therapeutic agent for urinary catheter irrigation

A4353 Intermittent urinary catheter, with insertion supplies

A4365 Ostomy adhesive remover wipes, 50 per box

A4368 Ostomy filter, any type, each

A4481 Tracheostoma filter, any type, any size, each

A6025 Silicone gel sheet, each (code not valid for Medicare)

A6154 Wound pouch, each

A6196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing

A6197 Alginate dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

A6198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing

A6199 Alginate dressing, wound filler, per 6 in.

A6203 Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6204 Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6205 Composite dressing, pad size, more than 48 sq. in., with any size adhesive border, each dressing

A6206 Contact layer, 16 sq. in. or less, each dressing

A6207 Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

A6208 Contact layer, more than 48 sq. in., each dressing

A6209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

A6210 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

A6212 Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6213 Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6214 Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6215 Foam dressing, wound filler, per gram

A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

A6217 Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6218 Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing

A6219 Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6220 Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6221	Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing	A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6224	Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6230	Gauze, impregnated, water or saline, pad size more than 48 sq. in., without adhesive border, each dressing	A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6237	Hydrocolloid dressing wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border each dressing
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	A6257	Transparent film, 16 sq. in. or less, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	A6259	Transparent film, more than 48 sq. in., each dressing
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6260	Wound cleansers, any type, any size
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive boarder, each dressing	A6261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce
		A6262	Wound filler, not elsewhere classified, dry form, per gram
		A6263	Gauze, elastic, non-sterile, all types, per linear yard

A6264	Gauze, non-elastic, non-sterile, per linear yard	K0421	Pouch, drainable, for use on faceplate, plastic, each (effective date 7/1/96)
A6265	Tape, all types, per 18 square inches	K0422	Pouch, drainable, for use on faceplate, rubber, each (effective date 7/1/96)
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	K0423	Pouch, urinary, with faceplate attached, plastic, each (effective date 7/1/96)
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	K0424	Pouch, urinary, with faceplate attached, rubber, each (effective date 7/1/96)
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	K0425	Pouch, urinary, for use on faceplate, plastic, each (effective date 7/1/96)
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	K0426	Pouch, urinary, for use on faceplate, heavy plastic (effective date 7/1/96)
A6405	Gauze, elastic, sterile, all types, per linear yard	K0427	Pouch, urinary, for use on faceplate, rubber, each (effective date 7/1/96)
A6406	Gauze, non-elastic, sterile, all types, per linear yard	K0428	Ostomy faceplate equivalent, silicone ring, each (effective date 7/1/96)
E0159	Brake attachment, for wheeled walker	K0429	Skin barrier, solid, 4x4 or equivalent, extended wear, without built-in convexity, each (effective date 7/1/96)
E0217	Water circulating heat pad with pump	K0430	Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each (effective date 7/1/96)
E0218	Water circulating cold pad with pump	K0431	Pouch, closed; with standard wear barrier attached, with built-in convexity (1 piece), each (effective date 7/1/96)
E0370	Air pressure pad elevator for heel	K0432	Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each (effective date 7/1/96)
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	K0433	Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each (effective date 7/1/96)
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	K0434	Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each (effective date 7/1/96)
K0413	Nonpowered adjustable zone pressure-reducing air mattress overlay (effective date 4/1/96)	K0435	Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each (effective date 7/1/96)
K0414	Powered air overlay for mattress (effective date 4/1/96)	K0436	Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each (effective date 7/1/96)
K0415	Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified	K0437	Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each (effective date 7/1/96)
K0416	Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified		
K0417	External infusion pump, mechanical, reusable, for short term drug infusion (effective date 4/1/96)		
K0418	Cyclosporine, oral, per 100 mg		
K0419	Pouch, drainable, with faceplate attached, plastic, each (effective date 7/1/96)		
K0420	Pouch, drainable, with faceplate attached, rubber, each (effective date 7/1/96)		

K0438 Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce (effective date 7/1/96)

K0439 Ostomy deodorant for use in ostomy pouch, solid, per tablet (effective date 7/1/96)

K0440 Nasal prosthesis - provided by a non-physician (effective date 10/1/96)

K0441 Midfacial prosthesis - provided by a non-physician (effective date 10/1/96)

K0442 Orbital prosthesis - provided by a non-physician (effective date 10/1/96)

K0443 Upper facial prosthesis - provided by a non-physician (effective date 10/1/96)

K0444 Hemmi-facial prosthesis - provided by a non-physician (effective date 10/1/96)

K0445 Auricular prosthesis - provided by a non-physician (effective date 10/1/96)

K0446 Partial facial prosthesis - provided by a non-physician (effective date 10/1/96)

K0447 Nasal septal prosthesis - provided by a non-physician (effective date 10/1/96)

K0448 Unspecified maxillofacial prosthesis, by report - provided by a non-physician (effective date 10/1/96)

K0449 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments - provided by a non-physician (effective date 10/1/96)

K0450 Adhesive, liquid, for use with facial prosthesis only, per ounce (effective date 10/1/96)

K0451 Adhesive remover, wipes, per box of 50 (effective date 10/1/96)

K0452 Wheelchair bearings, any type

L2039 KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, molded to patient model

L2430 Addition to knee joint, ratchet lock for active and progressive knee extension, each joint

L2755 Addition to lower extremity orthosis, carbon graphite lamination

L3956 Addition of joint to upper extremity orthosis, any material; per joint

L4205 Repair of orthotic device, labor component, per 15 minutes

L4390 Replace soft interface material, multi-podus type

L4392 Replace soft interface material, ankle contracture splint

L4394 Replace soft interface material, foot drop splint

L4396 Ankle contracture splint

L4398 Foot drop splint, recumbent positioning device

L5814 Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock

L5987 All lower extremity prostheses, shank foot system with vertical loading pylon

L7520 Repair prosthetic device, labor component, per 15 minutes

L7900 Vacuum erection system

L8417 Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each

Deleted Codes

The following codes have been discontinued **effective for dates of service on or after January 1, 1997** unless otherwise indicated.

A4190 Transparent film, each

A4200 Gauze pads, medicated or non-medicated, each

A4202 Gauze, elastic all types per roll

A4203 Gauze, non-elastic, all types, per roll

A4204 Absorptive dressing (e.g., hydrocolloid), adhesive or non-adhesive, each

A4205 Non-absorptive dressing (e.g., hydrogel), adhesive or non-adhesive, each

A4581 Supplies riser jacket

A4610 Medication supplies to be used in durable medical equipment, prescribed by a physician

E0237 Water circulating heat/cold pad with pump

E1350 Repair or nonroutine service requiring the skill of a technician

J9010 Doxorubicin hcl, 50 mg

K0152	Paste, powders, granules, beads
K0249	Hydrogel dressing, wound filler, dry form, per gram
K0271	Pouch, drainable, with faceplate attached; reusable, rubber or vinyl, each (discontinued effective 6/30/96)
K0272	Pouch, drainable, without faceplate attached; reusable, rubber or vinyl, each (discontinued effective 6/30/96)
K0273	Pouch, urinary, with faceplate attached, reusable; rubber or vinyl, each (discontinued effective 6/30/96)
K0274	Pouch, urinary, without faceplate attached, reusable; rubber or vinyl, each (discontinued effective 6/30/96)
K0275	Ostomy faceplate, convex; reusable; rubber or vinyl, each (discontinued effective 6/30/96)
K0276	Ostomy faceplate, convex; custom-fitted reusable; rubber or vinyl, each (discontinued effective 6/30/96)
L7160	Electronic elbow, Boston or equal, switch controlled
L7165	Electronic elbow, Boston or equal, myoelectronically controlled
L9999	Sales tax, orthotic/prosthetic/other

Old Codes	New Codes	Description
XX014	A4481	Tracheostoma filter, any type, any size, each
K0154	A6154	Wound Pouch, each
K0196	A6196	Alginate dressing, wound cover, pad size 16 sq. in or less, each dressing
K0197	A6197	Alginate dressing, wound cover, pad size more than 16 sq. in but less than or equal to 48 sq. in., each dressing
K0198	A6198	Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing
K0199	A6199	Alginate dressing, wound filler, per 6 inches
K0203	A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0204	A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0205	A6205	Composite dressing, pad size, more than 48 sq. in., with any size adhesive border, each dressing
K0206	A6206	Contact layer, 16 sq. in. or less, each dressing
K0207	A6207	Contact layer, more than 16 sq. in. but less or equal to 48 sq. in., each dressing
K0208	A6208	Contact layer, more than 48 sq. in., each dressing
K0209	A6209	Foam dressing, wound cover, pad size 16 sq. in. or less without adhesive border, each dressing
K0210	A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
K0211	A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0212	A6212	Foam dressing wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

1997 New Codes and Crosswalk Codes

Old Codes	New Codes	Description
K0110	A4221	Supplies for maintenance of drug infusion catheter, per week
K0111	A4222	Supplies for external drug infusion pump, per cassette or bag
XX003	A4255	Platforms for home blood glucose monitor, 50 per box
XX005	A4321	Therapeutic agent for urinary catheter irrigation
XX004	A4353	Intermittent urinary catheter, with insertion supplies
XX007	A4365	Ostomy adhesive remover wipes, 50 per box
XX008	A4368	Ostomy filter, any type, each

Old Codes	New Codes	Description	Old Codes	New Codes	Description
K0213	A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	K0229	A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
K0214	A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	K0230	A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
K0215	A6215	Foam dressing, wound filler, per gram	K0234	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0216	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	K0235	A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
K0217	A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	K0236	A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0218	A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	K0237	A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0219	A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	K0238	A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing
K0220	A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	K0239	A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0221	A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	K0240	A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce
K0222	A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	K0241	A6241	Hydrocolloid dressing, wound filler, dry form, per gram
K0223	A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	K0242	A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0224	A6224	Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	K0243	A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
K0228	A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	K0244	A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

Old Codes	New Codes	Description	Old Codes	New Codes	Description
K0245	A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	K0261	A6261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce
K0246	A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	K0262	A6262	Wound filler, not elsewhere classified, dry form, per gram
K0247	A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	K0263	A6263	Gauze, elastic, non-sterile, all types, per linear yard
K0248	A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	K0264	A6264	Gauze, non-elastic, non-sterile, per linear yard
K0250	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	K0265	A6265	Tape, all types, per 18 sq. in.
K0251	A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	K0266	A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard
K0252	A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	K0402	A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
K0253	A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	K0403	A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
K0254	A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	K0404	A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
K0255	A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	K0405	A6405	Gauze, elastic, sterile, all types, per linear yard
K0256	A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	K0406	A6406	Gauze, non-elastic, sterile, all types, per linear yard
K0257	A6257	Transparent film, 16 sq. in. or less, each dressing	E0159		Break attachment for wheeled walker
K0258	A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	E0217		Water circulating heat pad with pump
K0259	A6259	Transparent film, more than 48 sq. in., each dressing	E0218		Water circulating cold pad with pump
K0260	A6260	Wound cleansers, any type, any size	E0370		Air pressure pad elevator for heel
			E0760		Osteogenesis stimulator, low intensity ultrasound, non-invasive
			E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes
			K0452		Wheelchair bearings, any type

Old Codes	New Codes	Description
	L2039	KAFO, full plastic, single upright, polyaxial hinge, medial lateral rotation control, molded to patient model
	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
	L2755	Addition to lower extremity orthosis, carbon graphite lamination
	L3956	Addition of joint to upper extremity orthosis, any material, per joint
L4200	L4205	Repair of orthotic device, labor component, per 15 minutes
K0126	L4390	Replace soft interface material, multipodus type splint
K0127	L4392	Replace soft interface material, ankle contracture splint
K0128	L4394	Replace soft interface material, foot drop splint
K0129	L4396	Ankle contracture splint
K0130	L4398	Foot drop splint, recumbent positioning device
	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
K0285	L7520	Repair prosthetic device, labor component, per 15 minutes
K0163	L7900	Vacuum erection system
XX015	L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
K0124	J7505	Monoclonal Antibodies - Parenteral, 5 mg.
K0125	J7506	Prednisone, oral, per 5 mg.
J7502	K0418	Cyclosporine, oral, per 100 mg.

Discontinue use of the following modifier:

DD Powdered enteral formulae (this should be used when enteral powdered products are supplied) - no crosswalk

National Modifiers

The following national modifiers have been established to be effective January 1, 1997 unless otherwise indicated:

KM Replacement of facial prosthesis including new impression/moulage

KN Replacement of facial prosthesis using previous master model

QA FDA investigational device exemption

Codes not valid for Medicare, Effective January 1, 1997

A2000 Manipulation of spine by chiropractor (Crosswalk to CPT)

A5064 Pouch, drainable, with faceplate attached; plastic or rubber

A5065 Pouch, drainable, for use on faceplate; plastic or rubber

A5074 Pouch, urinary, with faceplate attached; plastic or rubber

A5075 Pouch, urinary, for use on faceplate; plastic or rubber



Medical Policy

Interim Policies

Concurrent "Comment" and "Notice" Periods

The DMERCs are initiating a process for the publication of Interim Policies. This process provides for the "Comment" period and the "Notice" period to run concurrently.

Interim Policies are brief policy statements concerning items or services where there is no existing Regional Medical Review Policy in place to address coverage, utilization, medical necessity, etc., issues. An Interim Policy would be written to provide direction on these issues.

Interim Policies will initially be published in the DMERC supplier bulletin.

Comments received during the "Comment" period will be considered and the policy revised, if necessary.

The Interim Policy will take effect on the stated effective date unless a change is subsequently published. The policy will be formally published as an addition to the *Supplier Manual* at a later date.

The first Interim Policy deals with Cold Therapy and is described in this bulletin.

Cold therapy

A new code, E0218 - Water circulating cold pad with pump is effective for dates of service on or after January 1, 1997. This code is used for equipment which has an electric pump.

A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered durable medical equipment. It would be coded A9270 and will be denied as a noncovered item.

An interim policy for these devices which will be effective for claims with dates of service on or after April 4, 1997 is enclosed on page of this bulletin. This policy is based on a determination by the DMERCs that the medical necessity of an E0218 device, rather than use of ice packs or other non-DME coding modalities, has not been established. The DMERCs invite comments on this proposed policy. Comments to the Region A DMERC should be submitted in writing, no later than March 1, 1997 to: Paul M. Hughes, M.D., Medical Director, DMERC Region A, MetraHealth, P.O. Box 6800, Wilkes-Barre, PA 18773-6800. If you disagree with the policy, you should offer an alternative position. You should provide a clinical rationale for your position and, if possible, include references from standard textbooks and/or peer-reviewed journals. We would also encourage a written response if you agree with the policy. If, based on comments received, the DMERCs decide to revise this policy, the revision will be published in a future bulletin.

Code E0218 is in the capped rental payment category. Until the policy described above becomes effective, when code E0218 is billed, the claim for the first month's rental must be accompanied by documentation of medical necessity. This documentation should include, but is not limited to, the diagnosis for the condition requiring use of the cold therapy pump, the area to which the pad is applied, and the type and date of surgery (if applicable). If the pump is provided for more than 1 month (i.e., if a subsequent month's claim is billed), the claim must be accompanied by a detailed explanation of the extended use of the device. Documentation should be put in the HAO record of an electronic claim or attached to a paper claim.

Note: As of January 1, 1997, code E0237 (water circulating heat/cold pad with pump) will be deleted. Claims for Cold Therapy must be billed using code E0218 (water circulating cold pad with pump), effective January 1, 1997.

Interim Medical Policy

Subject	Cold Therapy
HCPCS Codes	<p>The appearance of a code in this section does not necessarily indicate coverage.</p> <p>E0218 - Water circulating cold pad with pump</p> <p>A9270 - Noncovered item or service</p>
Benefit Category	Durable Medical Equipment
Definition	Code E0218 describes a device which has an electric pump that circulates cold water through a pad.
Coverage and Payment Rules	<p>A water circulating cold pad with pump (E0218) will be denied as not medically necessary.</p> <p>Other non-DME cooling devices (see Coding Guidelines) will be denied as noncovered.</p>
Coding Guidelines	<p>A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered durable medical equipment (DME). Other devices (not all-inclusive) which are also not considered to be DME are: single use packs which generate cold temperature by a chemical reaction; packs which contain gel or other material which can be repeatedly frozen; simple containers into which ice water can be placed. All of these types of devices must be coded A9270 if claims are submitted to the DMERC.</p> <p>A supplier wanting a coding determination for a particular product should contact the SADMERC.</p>
Documentation	<p>An order for the device which is signed and dated by the ordering physician must be kept on file by the supplier.</p> <p>Refer to the Supplier Manual for more information on orders, medical records, waiver of liability and supplier documentation.</p>
Effective Date	Claims with dates of service on or after April 1, 1997.

Ventilators Used for Obstructive Sleep Apnea

National Medicare policy (Coverage Issues Manual 60-17) covers the use of Continuous Positive Airway Pressure (CPAP) for obstructive sleep apnea (OSA). There is not coverage in national policy, nor in the regional DMERC policy for the use of CPAP for central sleep apnea (CSA). In OSA, the sleeping patient's normal attempts at inspiration are anatomically obstructed by the posterior soft palate at the level of the upper airway. CSA involves the patient's failure during sleep to even attempt inspiration because of other underlying cardiopulmonary or neurological conditions. Because OSA does not involve lapses in respirations, per se, there is no need for timed, mechanically produced inspirations (also known as intermittent mandatory ventilation or a "back-up" ventilatory rate), as is found on a true ventilator.

If a patient has OSA, as diagnosed according to the criteria in DMERC regional policy, a CPAP device should be used and billed to the DMERC. However, if OSA is what is being treated, there is no reason to use or bill a therapeutic ventilator, even one which is suitable for use 12 hours or less per day (E0453).

If E0453 is submitted to the DMERC there must be a statement on the claim that: "This item is being issued for the treatment of a condition other than obstructive sleep apnea." If this statement is not included on claims with dates of service on or after January 15, 1997, claims for E0453 will be **denied** for lack of medical necessity documentation.

Investigational Devices

On November 1, 1995, Medicare coverage was expanded to certain medical devices that are being studied as part of a Food and Drug Administration (FDA) trial under Investigational Device Exemptions (IDEs), but have not been approved for marketing. FDA has refined its classification system to distinguish Category A and Category B IDE devices.

Category A IDE devices are experimental and considered to be not medically necessary by Medicare. Category B IDE devices may be covered if all of the following criteria are met:

1. The device must be used within the context of an FDA-approved clinical trial (i.e., by a beneficiary registered in the trial, within specified dates, through approved institutions, by designated investigators, according to the clinical trial's approved patient protocols, etc.),
2. The device must fall under a covered benefit category and must not be excluded by law, regulation or current Medicare Carriers Manual instructions,
3. The device must meet any applicable national or regional policy criteria,

The device must be reasonable and necessary for the particular patient.

The manufacturer of an item is responsible for notifying the supplier if an item is an FDA-approved IDE device. Effective immediately, if a supplier provides and bills for an FDA-designated IDE device, either category A or B, and if criterion 1 listed above has been met, a QA modifier (FDA Investigational Device Exemption) must be added to the code for the item. The supplier must list the FDA-assigned IDE number (one alpha and 6 numeric digits) in the DA0 record, field 14 of an electronic claim or in box 23 of a paper claim. Information documenting that the above coverage criteria have been met do not have to be routinely submitted with the claim, but must be available to the DMERC on request.

Hip Orthoses and Related Devices

Hip abduction devices used to treat contractures in adults are correctly billed using code L2999, unlisted procedures for lower extremity orthosis. These items typically consist of cuffs which are placed around each thigh and are connected by a device which can be adjusted to vary the distance between the two cuffs. Examples (not all-inclusive) of this type device are: Comfy Hip and Knee Abductor Orthosis (Lenjoy Engineering), Hip and Knee Abductor (Restorative Care of America), Oscar HKO (Orthosis Corrective Systems), Safe Hip Abductor System (Restorative Medical), Therapy Concepts Hip-Knee-Orthosis (Therapy Concepts), Vari-Duct Hip and Knee Orthosis (Orthotic Rehab). Other specific L codes must not be used at this time for these devices. Claims for these devices must be accompanied by the manufacturer's name and brand name of the product. The DMERC has determined that the medical necessity of this type device has not been established, and therefore, claims for these items will be denied.

Devices which consist of a set of cushioned plastic pads which are designed to protect the hip from fracture in the event of a fall are not considered orthoses/braces. These items are correctly coded A9270, noncovered item or service, and will be denied. An example (not all-inclusive) of this type device is: Hipguard (Orthoquest).

Coding questions concerning other devices should be referred to the SADMERC.

Hydroxyapatite Ocular Implants

The DMERC has received claims for hydroxyapatite ocular implants, also known as motility implants. These implants have a porous matrix structure, allowing for the ingrowth of blood vessels and fibrous tissue, which firmly anchor the implant and prevent its extrusion from, or migration within, the orbital socket. Insertion of the extraocular muscles, and subsequent drilling and insertion of a peg, allow the implant to produce eye movements that closely resemble those of a normal eye. Ultimately, a removable eye prosthesis is fashioned to attach to the peg, producing the end result of a prosthetic eye with normal appearing movement.

The surgical implant and subsequently implanted peg are not billable to the DMERC.

The eye prosthesis which is furnished to the patient after insertion of the hydroxyapatite implant is very similar to other custom fabricated prosthetic eyes. It should be billed to the DMERC using HCPCS code V2623 (Prosthetic eye, plastic, custom). Later, after the peg is set into the healed implant, a small hole is made in the posterior of the ocular prosthesis in order to attach it to the peg. The fashioning of this hole in the ocular prosthesis should be coded as V2626 (Reduction of ocular prosthesis).

In summary, if billing for an ocular prosthesis is used in conjunction with an hydroxyapatite motility implant, do not use code V2629, but rather codes V2623 and V2626, respectively, as those services are rendered.

Urological Supply

When the Urological Supply RMRP was published, the table in Coding Guideline that indicates when it is incorrect to unbundle codes was incomplete. Code A4354 (Insertion tray with drainage bag but without catheter) should not be billed at the same time as codes A4310 (Insertion tray without drainage bag and

without catheter (accessories only)) or A4357 (Bedside drainage bag, day or night, with or without anti-reflux device, without or without tube).

In the "Urinary Drainage Collection System" section of the RMRP, a table of "Usual Maximum Quantity of Supplies" included both drainage bags/bottles and Insertion Trays which included a drainage bag. Code A4354 (Insertion tray with drainage bag but without catheter) should be included in this table since it also includes a drainage bag.

The correct tables are in the *Supplier Manual* revision packet that is included with this newsletter.

Seating Systems: DME vs. Orthosis

A recent HCFA Ruling has clarified the distinction between orthotics and durable medical equipment under Medicare Part B. This is particularly important in the area of seating systems where some suppliers have claimed that certain support or positioning components of wheelchairs or other seating systems are orthoses rather than durable medical equipment. The distinction impacts payment for items provided to patients in nursing facilities in which orthoses are covered but durable medical equipment is not covered under Medicare Part B.

The Ruling states that the orthotics benefit in section 1861(s)(9) of the Act, insofar as braces are concerned, is limited to leg, arm, back, and neck braces that are used independently, rather than in conjunction with, or as components of, other medical or non-medical equipment. It also clarifies that accessories used in conjunction with, and necessary for the full functioning of, durable medical equipment fall under the durable medical equipment benefits category.

Suppliers must not use L codes (other than L3964-L3974, see below) to bill for items that are components of, or used in conjunction with, wheelchairs or other seating systems. These items are billed using K codes for wheelchair options or accessories or using codes K0114-K0116. Specific coding questions should be directed to the Statistical Analysis DMERC (SADMERC).

Codes K0114-K0116 and L3964-L3974 are durable medical equipment.

The following modifiers, NU, RR, and UE, must be added to the code as appropriate, with dates of service effective January 1, 1997.

Pricing

Initial Notice of Inherent Reasonableness

Enteral Nutrient Coding and Pricing Changes

Prior to the DMERCs, the two Regional PEN Carriers processed claims for Enteral Nutrients using HCFA Common Procedure Code System (HCPCS) procedure codes B4150 - B4156.

However, during the DMERC transition, a number of unique Level III XX codes were developed to identify specific category IV and V PEN products. These codes were established to automate pricing of individual nutrient products, in order to continue a pre-DMERC policy of manually pricing individual products. As the DMERCs move towards standardization required by the Medicare Transaction System (MTS), the decision has been made to eliminate product specific pricing. Therefore, all temporary assigned XX Enteral Nutrient codes will become obsolete and replaced by codes B4154 and B4155. Additionally, all nutrients currently billed as B4154 and B4155 will no longer be priced based on the specific product. These nutrients will be grouped into their respective categories, category IV or V and priced as a specific group, not product. This will eliminate continuation of product specific coding that is contrary to national HCPCS policy.

Pricing for HCPCS codes B4154 and B4155 will be developed by weighting the 1995 Medicare allowances for each XX code and using the average of product specific allowances paid under codes B4154 and B4155. Claims for services rendered during the 12 month period (July 1, 1994 through June 30, 1995) were used to accumulate frequencies. Due to technical requirements for determining reasonable charges, the 3% inflation index limitation was not applied to the 1996 XX code allowances. We find it inherently unreasonable to exempt Category IV and V enteral nutrients from inflation update limits that are applicable to other kinds of medical equipment, supplies and nutrients. Therefore, 1995 allowances are used in this calculation, which reflect inflation index limitations.

The 1997 allowances will be derived by applying the annual inflation index of 3% and 2.8% for 1996 and 1997, respectively.

The effect of pricing changes is illustrated below:

Code	Category	Product	Frequency	1995 Fee	1996 Fee	1997 (B4154)
XX033	IV	Glucerna	26,760,136	1.09	1.25	1.18
XX039	IV	Nepro	687,111	.79	.89	1.18
XX041	IV	Replete w/Fiber	1,186,000	1.12	1.26	1.18
XX049	IV	Pulmocare	3,377,396	.63	.72	1.18

Code	Category	Product	Frequency	1995 Fee	1996 Fee	1997 (B4155)
XX068	V	Polycose	4,561	.45	.52	.93
XX069	V	Promod	517,096	.86	.95	.93

Note: The Frequencies shown above were used in the weighted average pricing calculation to determine fees for codes B4154 and B4155. This example does not reflect all codes/frequencies used in the calculation.

This initial notice of coding and pricing changes is published to allow you 30 days for comments. All comments must be received no later than January 31, 1997. A final notice prior to implementation will be published at least 30 days in advance of the effective date. Information regarding proper billing instructions and effective dates will be included in this notice.

Please submit all comments in writing. If you bill claims to more than one DME Regional Carrier (DMERC), limit your comments to your primary DMERC. If we are your primary Carrier, mail your comments to the following address:

MetraHealth
Region A DMERC
c/o Pricing Unit
P.O. Box 6800
Wilkes-Barre, PA 8773-6800



Notice of Inherent Reasonableness

The Region A DMERC has reviewed the Local Carrier base fees for the following codes and determined that the fees are “unreasonable.” We have provided information reflecting our proposed change for your review. The list includes only those states in which a revision to the base fee is proposed.

The law, under Section 1842(b)(8)(A) of the Social Security Act, allows the application of inherent reasonableness to reasonable charges that are determined to be either grossly excessive or grossly deficient. The 1989 local carrier base fees were developed using 1986 reasonable charge date. Therefore, revisions to establish a realistic and equitable fee must be applied to the 1986 and January 1, 1987 time period. Our base fee revisions are derived using retail catalog price lists for this same period. If these sources are not available, we use the earliest available catalogs that contain prices for the codes under review.

The revised base fees will be indexed to the current fee screen year (1996) using the annual covered item updates. In addition, national floor and ceiling limitations will be applied prior to establishing the final fees. Our comments must be received by February 1, 1997. Remember, it is not HCFA’s intention to pay for deluxe or personal comfort items.

When submitting comments, include supporting documentation that best reflects the 1986/1987 historical data base period. Please send all comments to :

MetraHealth
Region A DMERC
c/o Pricing Unit
P.O. Box 6800
Wilkes-Barre, PA 18773-6800

Local Carrier Base Fees

Code	Description	State	Current 1989 Base Fee	Revised 1989 Base Fee	Proposed 1996 Allowance
A5062	Pouch, drainable; without barrier attached (1 piece)	NH	\$3.02	\$1.62	\$2.06
		NJ	2.11	1.62	2.06
		PA	2.11	1.62	2.06
		DE	2.11	1.62	2.06
		VT	2.11	1.62	2.06
		ME	3.16	1.62	2.06
		MA	3.16	1.62	2.06
		RI	2.92	1.62	2.06
		NY	2.77	1.62	2.06
		CT	2.88	1.62	2.06
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	NH	2.24	1.66	2.09
		NJ	1.97	1.66	2.03
		PA	1.97	1.66	2.03
		DE	1.66	1.66	2.03
		VT	2.36	1.66	2.09
		ME	2.39	1.66	2.09
		MA	2.39	1.66	2.09
		RI	3.22	1.66	2.09
		NY	1.96	1.66	2.02
		CT	4.31	1.66	2.09
A4338	Indwelling catheter; Foley NH type, two-way latex with coating (Teflon, silicone, elastomer, or hydro- phillic, etc.	NH	12.92	9.45	11.38
		NJ	8.14	9.45	9.81
		PA	8.14	9.45	9.81
		DE	8.14	9.45	9.81
		VT	13.44	9.45	11.38
		ME	13.57	9.45	11.38
		MA	13.57	9.45	11.38
		RI	8.96	9.45	10.80
		NY	7.29	9.45	9.67
		CT	9.08	9.45	10.95

Final 1996 Fee Changes for Ostomy

The following changes and new allowables were effective October 1, 1996.

HCCPS	CT	ME	MA	NH	RI	VT	NY	NJ	PA	DE
Changed:										
K0277	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87	\$3.87
K0278	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83	\$5.83
K0279	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83	\$7.83
New Fees:										
K0419	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93	\$15.93
K0420	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14	\$44.14
K0421	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98	\$3.98
K0422	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53	\$28.53
K0423	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94	\$13.94
K0424	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63	\$34.63
K0425	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28	\$4.28
K0426	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84	\$22.84
K0427	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16	\$26.16
K0428	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93	\$8.93
K0429	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73
K0430	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24	\$6.24
K0431	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73
K0432	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05	\$4.05
K0433	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77	\$5.77
K0434	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92
K0435	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56
K0436	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17
K0437	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51	\$8.51
K0438	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39	\$2.39
K0439	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05

CPAP

Changed:										
K0193 RR	\$103.91	\$102.08	\$99.10	\$97.84	\$111.97	\$98.32	\$111.97	\$101.32	\$102.99	\$104.90
K0194 RR	\$231.52	\$230.76	\$224.16	\$221.82	\$228.15	\$222.95	\$246.43	\$209.47	\$209.47	\$238.76

Medicare Secondary Payer

Medicare Secondary Claims

It has been brought to our attention that some physicians/suppliers submitting claims for Medicare secondary payment are billing a different charge to the third party payer than to Medicare.

Paper claims for Medicare secondary benefits must contain a copy of the third party payer's explanation of benefits (EOB). The third party payer's EOB and Medicare claim should agree with respect to the physician or supplier's name or code, the dates of services for the period of time over which the services were rendered, and the actual charges for the services.

Please make sure that this information is consistent between your Medicare claim and your third party payer claim.

However, if you submit a claim for Medicare secondary payment and the billed charge shown on the Medicare claim differs from the billed charge shown on the third party EOB, we will consider the lower amount to be the actual charge. If the third party payment equals or exceeds the actual charge, the third party payment will be considered payment in full. If the third party payment is less than the actual charge, the total amount that you may collect from all sources for the service may not exceed the actual charge (though in some cases, depending on the other factors in the case, it may be less than the actual charge).

Certificate of Medical Necessity

Compliance to CMN Rules

This article is an effort by HCFA to achieve compliance by promoting a clear awareness and understanding of what information the supplier may provide on the CMN forms. The supplier is limited to providing the following information on the form to the physician:

- The identification of the supplier and the Medicare beneficiary to whom such medical equipment and supplies are furnished;
- A description of such medical equipment and supplies;
- Any product code identifying such medical equipment and supplies;
- Any other administrative information (other than information relating to the beneficiary's medical condition) identified by the Secretary of Health and Human Services (please note that the supplier MAY NOT complete Section B of the CMN); and

- The fee schedule amount and the supplier's charge for the medical equipment or supplies being furnished.

Completion of Section B of the CMN

Section B of the CMN is **NOT** to be completed by a supplier's billing agent. Section B may be completed by the physician, physician's employee, or another clinician involved in the care of the patient (e.g., nurse, physical or occupational therapist, etc.) as long as that person is not the supplier.



Electronic Media Claims

Important EMC Numbers

Bulletin Board

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

EMC Help Desk

717-735-9517	717-735-9519	717-735-9521
717-735-9528	717-735-9530	717-735-9532

Zipped EMC Files

The DMERC EMC Unit can accept production files which are submitted in a zipped format. This allows for multiple files to be sent at once and cuts down on transmission time. If you are interested in this option you **must** contact the EMC Unit at 717-735-9521 or 717-735-9530 to be set up. Once you are set up for sending zipped files then you can only send zipped files. There are certain guidelines that you must follow when sending zipped files to our office. Please call the EMC Unit for an explanation of these guidelines.

New Acknowledgment Reports

The EMC Unit is now returning acknowledgment reports in a new layout. The acknowledgment reports are now ending with an AKS extension. Genacks2 is MetraHealth's free print program. If you are using MetraHealth's Accelerate software Version 02.00, you should have installed this program from your disks. Genacks2 is also located on the Bulletin Board for you to download if you are not using our program. If you are using a vendor's software, you should contact your vendor for information on how to download and print your acknowledgment reports. If you are a programmer and need a copy of the file layout for the new acknowledgments, please call our office at 717-735-9532.

Internet Account

The Region A DMERC has an Internet E-Mail Account available for correspondence. **The E-Mail address is /g=dmeemc/s=dmerc_internet_i@mhs-uhch.attmail.com.** Please feel free to E-Mail us at your convenience. We cannot respond to E-Mail questions

without your supplier number. Please remember to include your supplier number/NSC# on all E-Mail correspondence.

The BBS Supplier Questionnaire System

An electronic inquiry system has been implemented on the EMC Bulletin Board System. This system will allow suppliers to direct questions and inquiries to various departments of the DMERC and receive a response in a timely manner. Currently there are questionnaires for MSP/Accounting and the Professional Relations Departments. This list will be expanding to include other departments in our office. The questionnaires can be found under menu pick <1> Ask the DMERC. If you have a question for a department that is not currently listed, you may use the BBS General Mail Messages to forward your question. The alternative message system may be found under menu pick <M> option <A> Ask the E-Team.

Messages left on the Bulletin Board will be responded to within 48 hours (2 working days). Please feel free to use the questionnaires as an alternative form of correspondence with the DMERC, and use them as often as needed.

Any questions you may have regarding "Ask the DMERC" option may be directed via the BBS mail system or by calling the EMC Unit.

National Telecommunications Standards

The Region A DMERC does not limit the number of claims or the number of providers in a single transmission. We offer data compression, either through the use of the v. 34 28.8 kb modem or through PKZIP version 2.04 g, whichever the biller requests.

Effective October 1, 1996, for Asynchronous communications, we will support provider access through Transmission Control Protocol/Internet Protocol (TCP/IP), compliant with Internet Request for Comment (RFC) number 1122 and 1123, using Serial Line Internet Protocol (SLIP) or Point-to-Point Protocol (PPP). We will continue to support all current Protocols.

Testing with the Region A DMERC

If you are using a vendor's software, you must pass testing with us. A test submission must contain 20 to 25 claims. The test results will be provided to submitters, providers and/or vendors (as appropriate) within 3 working days. You must achieve a 95 % data accuracy to pass testing, enter into, and stay in production. Testing information will be sent to you upon request.

Functional Acknowledgment Standard Format

Beginning October 1, 1996, we will provide the Functional Standard Format to all requesting providers in response to flat file submissions. If you are interested in receiving the file layout for this report, please contact the EMC Support Team at 717-735-9530.

We will continue to return the acknowledgment reports that we are currently supporting.

Disk Submitters

Effective October 1, 1998, provided that it is cost efficient, we will continue to accept claims submitted via disk. However, after this date, the paper claims payment floor will be applied to claims received in this manner.

Billing Services and Clearinghouses

Claim-related data may not be disclosed to anyone other than the provider, supplier or beneficiary for whom the claims were filed. Such information includes claims, remittance advice, eligibility information, on-line claim status, and any other transactions where medical information applicable to an individual is processed or transported.

Secondary Insurance

If you are including Secondary Insurance information on the claims that you transmit to us, all required information must be completed.

If your Secondary Insurance type is MG or OT an OCNA (Other Carriers Name and Address) Number is required. If you do not fill in an OCNA Number, your claims will reject on the Front End Edits. If the Secondary Insurance Company does not have an OCNA Number, this information does not need to be sent to us. You should select Secondary Insurance in this case. A complete list of OCNA Numbers is contained in your Supplier Manual.

MSP

If submitting electronically when there is no insurance primary to Medicare, DO NOT send a DA1 or DA2 record. These records are only required on MSP (Medicare Secondary Payor) claims. Using these records incorrectly may cause front end rejects or slow down the adjudication process of your claims.

If you have any questions on the correct usage of these fields and you are using MetraHealth's Accelerate software, please contact the EMC Unit at 717-735-9528 or 717-735-9519. If you are using a vendor's software, please contact your vendor with any questions.

Dialing Our Bulletin Board More than 10 Times a Day

If you are an electronic submitter that dials the Region A Bulletin Board System 10 times or more a day, please contact us. We need to change your account information on the Bulletin Board so that you do not encounter any problems with your files being overwritten. If you need to have access to 10 or more times a day, please call 717-735-9530 or 717-735-9519.

Common Errors Made With Electronic Billing

All of the electronic claims that are received by our office run through a series of front end edits. These edits are based on the fields in the National Standard Format. The only claim format that we accept is the NSF (National Standard Format). Whether you are using our free software program or a vendor's software, the claims being transmitted to us are NSF. The following are the most common errors that we see suppliers making on their electronic claims:

1. Addresses being constructed incorrectly - Any address that is used on an electronic claim must follow these guidelines:

Street Address

- May not contain a space in the first position
- Must contain at least one embedded space
- May contain
 - A-Z
 - 0-9
 - forward slash (/)
 - period (.)
 - comma (,)
 - number sign (#)
 - ampersand (&)
 - parentheses ()
 - percent sign (%)- for: "in care of"
 - blank()No other special characters are allowed

Address 2 is always an optional field, but if it is used it must be filled out in accordance with the above guidelines.

City

- First position must not be blank
- May Contain:
 - A-Z
 - period (.)
 - comma (,)
 - ampersand (&)
 - blank ()No other special characters are allowed

2. Replacement Item and Warranty Information (GU0 6.0 & 9.0) - This information is required when billing electronically.

3. Service Dates (FA0 5.0 & 6.0) - On capped rental items, the service from and to dates should be the same, and the number of services should be one.

4. Units of Service (FA0 18.0) - For the Region A DMERC, this must be a whole number. If you are provided with a fractional unit of service, round up to the next whole number.

5. Exercise Routine on O2 CMN (GX1 6.0) - If the patient has a portable oxygen system, this field is required and must be filled in.

6. Patient Height (GU0 16.0) - This is required on the Parenteral and Enteral Nutrition CMN(10.02).

7. Patient Weight (GU0 17.0) - This is required on the Parenteral and Enteral Nutrition CMN(10.02) and the Wheelchair CMN(02.02).

8. Individual Names

Last Name and First Name

- First position must be A-Z
- May Contain:
 - A-Z
 - hyphen (-)
 - blank ()
- No other special characters are allowed
- Last Name must be at least two (2) positions in length
- First Name must be at least one (1) position in length

Middle Initial

- Must contain A-Z or blank

Company Names This field may be blank but if it is filled in it must follow these guidelines:

- First position must be A-Z
- May Contain:
 - A-Z
 - period (.)
 - comma (,)
 - hyphen (-)
 - ampersand (&)
 - blank ()
 - 0-9
- No other special characters are allowed
- Must be at least two (2) positions in length

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. By following the steps below, the EMC Team can start to help you with electronic billing, even with a vendor or billing service.

For Accelerate Users

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

Vendor/Billing Service

1. Contact the EMC Team by phone, mail, or FAX.
2. A Submitter number will be assigned to you.

3. An agreement and the testing procedures will be mailed to you.
4. Contact your vendor/billing service to arrange for testing of at least 20-30 claims. Once these tests are passed, you are ready to transmit DMEPOS claims.
5. Our EMC Team will be glad to assist you in setting up transmission of your claims through a vendor/billing service.

EMC is available to both participating and non-participating suppliers. Assigned and non-assigned claims are accepted. Complete the form below for more information, and return it to the EMC Department by mail (DMERC Region A, Attn: EMC Department, P.O. Box 6800, Wilkes-Barre, PA 18773) or FAX (717-735-9510). If you have specific questions, please call 717-735-9532 or 717-735-9528.



Accelerate Software Information Request

Please check all that apply:

- I am interested and would like the FREE software package.
- I would like more information regarding EMC submission mailed to me.
- I have a computer system which is supported by _____ (indicate name of vendor/billing service). Please have an EMC Representative call me.

Office Name _____

Street _____

City _____ State _____ Zip _____

Contact Person _____ Telephone () _____

Volume of Medicare DMEPOS claims per month _____

Supplier Number / NSC# _____

Return this form to the EMC Department:

Mail to: _____ or _____

FAX to:

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

The MetraHealth Insurance Company
 DMERC Region A
 Attn: EMC Department
 FAX Number: 717-735-9510

If you have specific questions, please call 717-735-9532, 717-735-9528.

Provider/Supplier Sanctions



The Department of Health and Human Services, Office of Inspector General has issued the monthly report of health care exclusions and reinstatements dated June and July 1996.

The following providers in the Region A ten state area are being excluded from participation in the Title XVIII (Medicare) Program.

Provider/Supplier Sanctions

Connecticut

William H. Cook
101 Fiddler Green
Stratford, CT 06497
C59686
DOB: 5/6/24

Specialty: Surgeon
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Robert L. Gibson
309 Shewville Rd.
Ledyard, CT 06339
R40312
DOB: 3/1/27

Specialty: Psychologist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Massey Analytical Labs, Inc.
2214 Main St.
Bridgeport, CT 06606

Specialty: Clinical Laboratory
Period of Exclusion: 5 years
Effective Date: 8/13/96

Sara Messina
115 Goose Hill Rd.
Chester, CT 06412
DOB: 8/11/62

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Hasapall Mohamed
151 Plain Dr.
E. Hartford, CT 06118
DOB: 10/12/67

Specialty: Owner/ Operator
Period of Exclusion: 5 years
Effective Date: 8/12/96

Mark Shangold
27 Bartling Dr.
Easton, CT 06612
T22149
DOB: 4/20/44

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Herbert Stoloff
187 Old Mt. Tom Rd.
Bantam, CT 06750
E13551
DOB: 9/26/41

Specialty: Anesthesiologist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Wendell Urling
1025 Wolf Hill Rd.
Cheshire, CT 06410
DOB: 1/13/57

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Maine

Darrell G. Carpenter
36 Western Ave.
Fairfield, ME 04937
DOB: 3/30/57

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

James Robert Cocks
Pleasant Point Rd.
Cushing, ME 04563
T67168
DOB: 4/1/53

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Tammy L. Farrell
2196 Sanford Rd., Lot 4
Wells, ME 04090
DOB: 9/25/70

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Charles H. Gill Jr.
% P.O. Box 4600
Portland, ME 04112-4600
DOB: 2/6/36

Specialty: Psychologist
Period of Exclusion: 10 years
Effective Date: 6/30/96

Hugh M. Leighton, Jr.
76 Stevens Mills Rd., Apt 11
Auburn, ME 04210
DOB: 1/1/66

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Lisa M. McCrillis
3 Spring Brook Way
Portland, ME 04103
DOB: 1/10/67

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Jane L. McGuire
HC 32, Box 253, Woods Rd.
Owls Head, ME 04854
DOB: 5/7/54

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 6/30/96

Irene H. Oliver
84 High St.
Farmington, ME 04938
DOB: 10/6/49

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Provider/Supplier Sanctions (cont'd)

Timothy J. Nelson
Box 46
E. Waterboro, ME 04030
DOB: 9/6/53

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 6/30/96

Ronnie Retamar
P.O. Box 161
China, ME 04926
DOB: 2/8/66

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 6/30/96

Yolanda D. Sanderson
P.O. Box 2086
Windham, ME 04062
DOB: 12/8/60

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Thaniel Smith III
% P.O. Box 476
N. Anson, ME 04958
DOB: 6/27/77

Specialty: Nurse/Nurses Aide
Period of Exclusion: 15 years
Effective Date: 6/30/96

Karen S. Wright
186 Water St.
Waterville, ME 04901
DOB: 1/23/57

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 8/13/96

Massachusetts

Ronald W. Arnott
20 Ledgewood Circle
Belchertown, MA 01007
DOB: 2/27/42

Specialty: DME/Orthotics Supplies
Period of Exclusion: 10 years
Effective Date: 6/30/96

Beale Street Pharmacy
187 Union St.
Hingham, MA 02043

Specialty: Pharmacist/Pharmacy
Period of Exclusion: 5 years
Effective Date: 8/13/96

David A. Brown
38 Exchange St.
Athol, MA 01331
DOB: 4/6/63

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Lisa Hebert
35 Peckham St.
New Bedford, MA 02746
DOB: 9/18/67

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/30/96

Diane Herring
AKA Diane Maclean
231 Parsons St.
Brighton, MA 02135
DOB: 5/24/50

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/30/96

Donald R. Keene
187 Union St.
Hingham, MA 02043
Effective Date: 8/13/96
DOB: 7/17/29

Specialty: Pharmacist/Pharmacy
Period of Exclusion: 5 years

Suzanne K. King
203 Washington St., #144
Salem, MA 01970
E84929
DOB: 8/5/52

Specialty: Psychiatrist
Period of Exclusion: Indefinite
Effective Date: 6/30/96

Kishore S. Thakur
407 Rte 44, Dean's Plaza
Raynham, MA 02767
A56653
DOB: 8/13/42

Specialty: Pathologist
Period of Exclusion: Indefinite
Effective Date: 6/30/96

Eduardo Troya
235 Hanover St.
Fall River, MA 02720
B75258
DOB: 2/28/38

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 6/30/96

New Hampshire

Norman R. St. Hilaire
22 West St.
Concord, NH 03301
DOB: 2/4/49

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 6/30/96

New Jersey

Global Medical Systems, Inc.
193 Livingston Ave., Box 771
New Brunswick, NJ 08903

Specialty: DME/Lymphedema Pump
Period of Exclusion: 5 years
Effective Date: 5/1/96

Robert O'Brien
624 Columbia
Lindenwald, NJ 08021
U54418
DOB: 2/4/64

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

Kevin Leo Parks
823 Trenton Ave.
Point Pleasant, NJ 08742
T45456
DOB: 12/30/57

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

George E. St Hill
31 Van Houten St., Apt. 5C
Paterson, NJ 07510
DOB: 3/19/57

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Provider/Supplier Sanctions (cont'd)

Martin R. Zipkin
840 Dewey St.
Union, NJ 07083
DOB: 1/26/54

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

New York

Margaret M. Anticola
29 Lee St.
Depew, NY 14043
T25957
DOB: 1/7/55

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

William L. Bakonis
41 Lincoln Ave.
Amsterdam, NY 12010
DOB: 7/25/50

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Allan G. Beal
18 Washington St.
Westport, NY 12993
A99350
DOB: 12/21/51

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 5 years
Effective Date: 7/3/96

Joseph P. Broccolo
20 Sandy Glen Court
New Rochelle, NY 10805
T50629
DOB: 6/29/22

Specialty: Podiatrist
Period of Exclusion: 5 years
Effective Date: 7/3/96

Ferenc D. Czegledy
44 North Dr. #A
Plandome, NY 11030-1445
DOB: 5/8/63

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Benzena V. Dosunmu
1050-A President St.
Brooklyn, NY 11225
DOB: 2/11/49

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Alan S. Katz
10 Esquire Rd., Ste. 17
New City, NY 10956
T98225
DOB: 1/4/60

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Arthur S. Kaufold
1360 45th St.
Brooklyn, NY 11219
DOB: 10/13/49

Specialty: Podiatrist
Period of Exclusion: 3 years
Effective Date: 8/13/96

James T. Kelly
102 Prospect St.
Miller Place, NY 11777
A61429
DOB: 10/5/49

Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 7/3/96

Charles R. Lepley
210 Seven Bridges Rd.
Mount Kisco, NY 10549
DOB: 10/29/36

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Stephen J. Lombardo
1324 Victory Blvd.
Staten Island, NY 10301
C06790
DOB: 1/5/52

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Robert P. Luca
6902 11th Ave.
Brooklyn, NY 11228
T71239
DOB: 4/4/59

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

Jagdish Chand Mangla
10 Bay Colony Dr.
Pittsford, NY 14534
DOB: 7/5/37

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Michael P. Maskaron
2112 Ave. P
Brooklyn, NY 11229
B20344
DOB: 2/17/38

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 3 years
Effective Date: 8/13/96

Peter T. McCabe
Rte. 6 & Old Rte. 6, Box 517
Carmel, NY 10512
T52867
DOB: 6/26/57

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 7/3/96

Daniel Monroe
7 Rigene Rd.
Harrison, NY 10528
B07250
DOB: 5/18/31

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Dotty Parke
28 Perry Pl.
Canadaigua, NY 14424
DOB: 5/20/47

Specialty: Employee (Non-Gov't)
Period of Exclusion: 5 years
Effective Date: 8/13/96

Nelson Perez
8820 20th Ave.
Brooklyn, NY 11214
DOB: 10/8/58

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 7/3/96

Pragna Shah
2679 Covered Bridge Rd.
Merrick, NY 11566
DOB: 1/29/40

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 3 years
Effective Date: 7/3/96

Provider/Supplier Sanctions (cont'd)

Harvey Taubes
1 Aspen Pl.
Great Neck, NY 11021
B04643
DOB: 3/3/32

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 5 years
Effective Date: 8/13/96

Sam Thompson
1065 W. Church St.
Elmira, NY 14905
F00358
DOB: 11/11/54

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Pennsylvania

American Health Products
14 Lawson Dr.
Huntingdon, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

Rafic A. Amro
402 N. Second St.
Allentown, PA 18101
D28797
DOB: 1/1/41

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 10 years
Effective Date: 7/5/96

Beneficial Health Products
14 Lawson Dr.
Huntingdon Valley, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

Warren E. Bonesteel
611 Alexander St.
Greensburg, PA 15601
DOB: 11/29/32

Specialty: Physical Therapist
Period of Exclusion: Indefinite
Effective Date: 7/5/96

John Cocivera
14 Lawson Dr.
Huntingdon Valley, PA 19006
DOB: 10/8/48

Specialty: Owner/ Operator
Period of Exclusion: 20 years
Effective Date: 8/8/96

Frank A. Delia
940 Cross La.
Blue Bell, PA 19422
D72399
DOB: 10/15/52

Specialty: Osteopath
Period of Exclusion: 10 years
Effective Date: 8/8/96

Derenzo & Associates
196 Daylesford Blvd.
Berwyn, PA 19312

Specialty: Physical Therapist
Period of Exclusion: 5 years
Effective Date: 8/8/96

John S. Horgash
213 Maple Ave.
Horsham, PA 19044
U02139
DOB: 3/31/60

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 8/8/96

Mark A. Justofin
111 Webster Ave.
W. Hazelton, PA 18201
DOB: 8/24/58

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 8/8/96

John J. Karlavage
120 Main St.
Watsonstown, PA 17777
B35390
DOB: 1/13/48

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 5 years
Effective Date: 8/8/96

Corey R. Lees
122 Hillymede Dr.
Harrisburg, PA 17111
DOB: 9/1/52

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 8/8/96

Robert J. Luther
38 Circle Dr.
Hollidaysburg, PA 16648
C26559
DOB: 7/4/26

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 10 years
Effective Date: 8/8/96

Mid Atlantic Health Product
14 Lawson Dr.
Huntingdon Valley, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

Alan Kent Miller
611 Jonnet Bldg.
Monroeville, PA 19006
DOB: 3/27/56

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 8/8/96

Anne Miller
320 Dundee Dr.
Blue Bell, PA 19422
DOB: 6/13/63

Specialty: Business Manager
Period of Exclusion: Permanent
Effective Date: 6/5/96

Robert Miller
320 Dundee Dr.
Blue Bell, PA 19422
DOB: 9/23/54

Specialty: Owner/ Operator
Period of Exclusion: Permanent
Effective Date: 6/5/96

Albert Mitchell
701 S. 56th St.
Philadelphia, PA 19143
DOB: 1/1/56

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 7/2/96

Richard J. Noll
111 Breezy Ct.
Wind Gap, PA 18091
DOB: 2/9/63

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/8/96

North American Health
14 Lawson Dr.
Huntingdon Valley, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

Provider/Supplier Sanctions (cont'd)

Susan Noveroske
831 4th St., P.O. Box 43
W. Elizabeth, PA 15088
DOB: 1/5/50

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 8/8/96

Ronald B. Phillips
4000 Edgemont Ave.
Brookhaven, PA 19015-2211
D98665
DOB: 12/17/44

Specialty: Osteopath
Period of Exclusion: 5 years
Effective Date: 7/5/96

Diane Rooney
1131 Alcott St.
Philadelphia, PA 19149
DOB: 5/27/35

Specialty: Business Manager
Period of Exclusion: 10 years
Effective Date: 7/5/96

Dave E. Scheiner
910 Bonaparte Ct.
Philadelphia, PA 19107
T28092
DOB: 12/14/50

Specialty: Podiatrist
Period of Exclusion: 5 years
Effective Date: 8/8/96

Sheila Siegel
1311 Jonah Dr.
N. Huntingdon, PA 15642
DOB: 10/20/50

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 7/5/96

US Health Products Inc.
14 Lawson Dr.
Huntingdon Valley, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

Universal Medical Company
14 Lawson Dr.
Huntingdon Valley, PA 19006

Specialty: DME/General
Period of Exclusion: 15 years
Effective Date: 8/8/96

James K. Weber
1621 Wilson Rd.
Pittsburgh, PA 15236
T71992
DOB: 4/19/46

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 8/8/96

George L. Weber
801 Charette Rd.
Horsham, PA 19044
C29233
DOB: 10/8/55

Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 8/8/96

Robert P. Wolk
5100 S. Convent La. #502
Philadelphia, PA 19114
DOB: 12/18/36

Specialty: Owner/ Operator
Period of Exclusion: Permanent
Effective Date: 6/10/96

Harriet Wolk
5100 S. Convent La. #502
Philadelphia, PA 19114
DOB: 2/19/45

Specialty: Business Manager
Period of Exclusion: Permanent
Effective Date: 6/10/96

Rhode Island

Stella E. Belonos
110 Windmill St.
Providence, RI. 02904
DOB: 10/2/54

Specialty: Nurse/Nurses Aide
Period of Exclusion: 10 years
Effective Date: 8/13/96

Susan Felici
239 Fair St., 2nd Floor
Warwick, RI. 04090
DOB: 4/22/62

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Ray V. Haning
106 President Ave.
Providence, RI. 02906
C89744
DOB: 11/14/42

Specialty: Gynecologist/Obstetrician
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Juliann Johnson-Hutchinson
3 Brookwood Rd.
Bristol, RI. 02809
DOB: 2/12/60

Specialty: Employee (Non-Gov't)
Period of Exclusion: 5 years
Effective Date: 6/30/96

Ryan McGarry
103 Samuel Gorton Ave.
Warwick, RI. 02889
DOB: 12/21/74

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 6/30/96

Ruth M. Pettigrew
133 Elsie St.
Cranston, RI. 02910
DOB: 4/8/34

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Barbara A. Roccabello
60 Sutton Ave., Apt. 306
E. Providence, RI. 02914
DOB: 9/4/55

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/30/96

John S. Sappington
% 128 Dorrance St.
Providence, RI. 02903
DOB: 1/30/62

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 8/13/96

Provider/Supplier Reinstatement Actions

New Jersey

Douglas J. Zimmel Specialty: Chiropractor
788 Broad St. Sanction Date: 3/14/96
Shrewsbury, NJ 07702-4203 Reinstatement Date: 5/30/96

Martin R. Zipkin Specialty: Chiropractor
810 Dewey St. Sanction Date: 7/3/96
Union, NJ 07083 Reinstatement Date: 7/3/96

New York

Brian L. Abbott Specialty: Family Physician/Gen. Practitioner
24 Dewey Ave. #9 Sanction Date: 6/5/95
Nyack, NY 10960 Reinstatement Date: 7/8/96

Carlton H. Blake Specialty: Psychiatrist
343 Washington Ave. Sanction Date: 7/22/91
Roosevelt, NY 11575 Reinstatement Date: 7/22/96

Libico Mario Diblasio Specialty: Family Physician/Gen. Practitioner
385 Mclean Ave. Apt. 12-G Sanction Date: 11/24/91
Yonkers, NY 10705 Reinstatement Date: 7/12/96

Mark Gventer Specialty: Podiatrist
2995 Ocean Pkwy. Sanction Date: 6/6/91
Brooklyn, NY 11235 Reinstatement Date: 6/7/96

Steven Magier Specialty: Podiatrist
6620 Clyde St. Sanction Date: 7/22/91
Forest Hills, NY 11374 Reinstatement Date: 7/22/96

Laurie B. Meckler Specialty: Family Physician/Gen. Practitioner
11 W. 73rd St. Sanction Date: 6/19/96
New York, NY 10023 Reinstatement Date: 6/19/96

George Tsakonas Specialty: Family Physician/Gen. Practitioner
59-09 Myrtle Ave. Sanction Date: 7/22/91
Ridgewood, NY 11385 Reinstatement Date: 7/22/96

Pennsylvania

David D. Defries Specialty: Chiropractor
3900 Edgemont Ave. Sanction Date: 5/2/91
Brookhaven, PA 19015 Reinstatement Date: 6/13/96

Eliot S. Weitz Specialty: Dentist
2320 Oakmont St. Sanction Date: 4/10/96
Philadelphia, PA 19152 Reinstatement Date: 6/3/96

Miscellaneous

Change of Address

The National Supplier Clearinghouse (NSC) must be notified of all address changes. In order for the NSC to correctly change your address, your request should state the change is to be made to the "Pay To" address, the street address and/or the mailing address.

You can change your address by completing the "Change of Address Notification" form (**located at the end of this newsletter**), for each type of address to be changed, and mail it to:

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

"Your Medicare Center" Opens in the Gallery

The Health Care Financing Administration (HCFA), the federal agency that administers the Medicare program, has opened the country's first walk-in center for Medicare recipients who have questions about benefits, payments, coverage, and eligibility. "Your Medicare Center" is located in the Gallery at Market East in downtown Philadelphia. The center is designed to make it easier for the elderly and disabled to get information and assistance about the Medicare program as well as apply for other benefits. "Your Medicare Center" is staffed by knowledgeable employees of the federal government who provide information, education, and problem resolution services through direct beneficiary contact.

Individuals with questions about Medicare may turn to this office for one to one assistance on a variety of Medicare issues. For example, you can receive information about preventative services that are covered by the Medicare program. Questions can be answered about Medicare coverage, appeals, Medigap policies and Medicare managed care. Medicare Center staff can tap into several different databases to correct and update Medicare records, including Blue Shield's records and answer many questions about coverage and/or payments on the spot.

Educational seminars will be offered on issues such as selecting a Medigap policy and periodically, health screening will be offered as well. The Center will also be a testing ground for some impressive new technology. With the aid of computers and video cameras, Medicare recipients in Philadelphia will be able to talk face-to-face with state employees in Harrisburg while they apply for pharmacy benefits under the PACE program. Officials soon hope to use such video-conferencing equipment to help recipients talk with personnel in other organizations, including the Social Security Administration.

This one-year pilot project will test the effectiveness of providing direct, comprehensive and free Medicare services in a more accessible and convenient location for Medicare beneficiaries. "The opening of this Center reflects President Clinton's commitment to protecting and improving Medicare, as well as reinventing government to better serve our customers," said HCFA Administrator Bruce Vladeck. "Through this Center, we can provide direct outreach and information to beneficiaries, and at the same time we can learn more about their information needs so that we can enhance customer communications in the Medicare program."

"Your Medicare Center" will provide HCFA with a means of gathering information on how to better serve the Medicare beneficiary. It is an important opportunity for HCFA to offer convenient, one-stop personal service to beneficiaries and their family members so that questions and concerns can be resolved without the need for referral to other agencies.

HCFA would appreciate your assistance in getting the word out to Medicare beneficiaries and their families about "Your Medicare Center". Please feel free to refer Medicare beneficiaries to the Center for information and answers about Medicare. Furthermore, if you are interested in having information on this valuable service available to Medicare beneficiaries, HCFA can provide tent-cards or fliers that can be displayed in your office. Please contact Patti Lalor at (215) 596-0199 if you are interested in receiving this information.

Services at "Your Medicare Center" are available free-of-charge. "Your Medicare Center" is located on Level 3 of the Gallery II. It is open from 10:00 a.m. to 5:00 p.m. Monday through Friday and noon to 4:00 p.m. on Saturday. For further information about the Center, the number to call is (215) 596-6848.

Supplier Notice

Professional Relations utilizes Supplier Notices as a method of notifying the Supplier Community of important changes in Medical Policy, Electronic Billing, Pricing or DMERC related activities via the Bulletin Board System (BBS), automated Response Unit (ARU), and faxed to the State Supplier Associations within Region A. They are identified as a Supplier Notice by "Supplier Notice" in the upper right hand corner with the year and notice number. This line appears as "96-41", for example. They are not developed on a regular, set schedule, but rather as needed. Supplier Notices 96-1 to 96-40, have appeared as articles in past issues of the *DME Medicare News*. Starting with this issue, we are publishing them in their actual format.

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: September 6, 1996

Supplier Notice 96-41

Payments for Supplier Manuals, Seminar Registrations, etc.

When sending in payments for supplier manuals, seminar registrations, etc., they cannot be included in checks for overpayments. Please make sure that all payments for supplier manuals, seminar registrations, etc., are addressed as follows:

Seminar Registration

Region A DMERC
Attn: Seminar Registration
P.O. Box 6800
Willkes-Barre, PA 18773-6800

Supplier Manuals

Region A DMERC
Attn: Professional Relations
P.O. Box 6800
Willkes-Barre, PA 18773-6800

If you have any questions regarding the above information, contact Provider Services at 717-735-9445.

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: September 6, 1996

Supplier Notice 96-42

Quick Reference Customer Service Guide

Provider Services

Monday through Friday
8:00 a.m. - 4:00 p.m.
717-735-9445

Contact Customer Service Representatives for:

- Claim Inquiry/Status
- Coverage Issues
- General Policy Coverage Information
- General DMERC Information

Professional Relations

Monday through Friday
8:00 a.m. - 5:00 p.m.
Ombudsman Territory Defines Contact

Contact your Ombudsman for:

- Educational Seminars/Workshops/Issues
- Trade Shows
- Association Meetings
- Conference Calls
- Medical Policy Clarification

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: October 9, 1996

Supplier Notice 96-43

Pending Claim Access

If you are an electronic biller, there are several options available for checking status of your assigned claims. The Weekly Status Report and On-Line Claim Status are two options you may utilize for this purpose. These options are available to both participating and non-participating electronic submitters.

Weekly Status Report:

- This report generates a list of all assigned pending claims in the system, with location/status codes, and indicates claims adjudicated during the week.
- A weekly updated file is available on the Bulletin Board System. This file is accessible to you for retrieval any time during the week.
- Claims which have completed processing will appear on the report the week that they are released.

On-Line Claim Status:

- This option will report on the status of individual assigned claims.
- Access to this option is obtained by dialing into the Advantis Network between the hours of 8:00 - 4:15 p.m.
- A communications package, such as Procomm, is required to dial in for this option.
- Information required to access claim information: your NSC#, the beneficiary's HIC#, and the date(s) of service in question.

It is recommended that each electronic submitter, both participating and non-participating, contact the EMC Unit at 717-735-9532 or 717-735-9528 for additional information, directions and set up for these options. Use of these reports will provide valuable information while saving you time and money.

- These options should be utilized for claim status information prior to contacting Provider Services, Professional Relations, or your Ombudsman for information about a claim.

Also available to electronic submitters is the Bulletin Board System(BBS) Questionnaire. Using the BBS Questionnaire can reduce item consuming and costly phone calls. There are a series of questionnaire that are available to pose questions to various departments at the DMERC. You can also use the general message system to ask questions or make comments. You will receive a return response within 48 hours (2 working days). The Internet is also available for your questions/comments. If using the Internet, you must include your NSC # to receive a response. The Internet address for the Region A DMERC is as follows:

/g=dmeemc/s=dmerc_internet_i@mhs-uhch.attmail.com

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: October 14, 1996

Supplier Notice 96-44

ERN NSF 2.0 Modification

Attention vendors, billing services, clearing houses, and suppliers receiving ERNs in version 2.0 of the National Standard Format. As of October 3, 1996, the CT Disallowed/Noncovered field (500-07.0) will no longer be returned. The information will now be returned in the 500-33.0, 34.0 or 35.0 fields. Please make any changes necessary to your software to process this change in information. If you have any questions regarding this matter, please contact the EMC Unit at 717-735-9519.

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: November 1, 1996

Supplier Notice 96-45

Organizational Changes

MetraHealth Region A DMERC Announces the Following Organizational Changes

In addition to their current responsibilities, the managers listed below have accepted the following positions:

Dan Fedor will now manage the EMC Unit, along with the Professional Relations Unit.

Linda Bowman will now manage the Pricing Unit, along with MSP/Accounting Units.

Dwayne Thomas will now manage Claim Entry, along with Reconsiderations and Utilization Units.

Andrea Vasil will provide operational oversight to the areas of Medical Management (which includes: Medical Review, Pre-Pay, Post-Pay, HCPCs Coordination, Medical Policy Development and Implementation, and coordination with Program Integrity), Fair Hearings, Process Improvement including Quality Assurance, Quality Control and Training.

These changes are effective immediately.



Medicare

Palmetto Government Benefits Administrators

Post Office Box 100142, Columbia, South Carolina 29202-3142

National Supplier Clearinghouse

CHANGE OF ADDRESS NOTIFICATION

If you have moved please let us know. We need your new address information to update our file to ensure your Medicare payments will be sent to the correct address.

This change applies to: Street Address _____
Mailing Address _____
"Pay To" Address _____

***NOTE: A SEPARATE FORM IS REQUIRED FOR EACH TYPE OF ADDRESS CHANGED.**

PLEASE TYPE OR PRINT

Name of Physician/Supplier _____

Previous Address _____

City, State, Zip _____

New Address _____

City, State, Zip _____

Tax ID # _____ Supplier # _____

I certify that I have examined the above information and that it is true, accurate and complete. I understand that any misrepresentation or concealment of material information may subject me to liability under civil and criminal laws.

Name of Authorized Representative (Typed):	Title:
Signature:	Date:

Please return this form to the address listed above.

