

DME Medicare News

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

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MetraHealth Beneficiary Outreach

MetraHealth, the Region A DMERC, strongly believes in educating Medicare beneficiaries and elderly support groups on durable medical equipment. Through the Beneficiary Outreach program, MetraHealth helps the elderly help themselves. The program gives an overview of the many facets of DME, including items covered, documentation needed, capped rentals, and other issues associated with DME. A question and answer period follows the presentation for any specific questions that may arise.

MetraHealth representatives have attended programs given by a variety of senior groups throughout the region. Through these programs, seniors learn the basics of Medicare policy and become better equipped to deal with their health care needs.

Anyone interested in having a MetraHealth representative attend a program can call the MetraHealth Professional Relations department at (717) 735-9400.

Supplier Manual Updates

Enclosed with this newsletter is the first update to the new edition of the Supplier Manual you recently received. The update includes six revised policies and one new policy. The revised policies include: home blood glucose monitors, external infusion pumps, suction pumps, external breast prostheses, TENS unit, and tracheostomy care supplies. The new policy pertains to Facial Prostheses.

Please review this material carefully and insert the revised pages in your manual.

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:

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Claims Processing Jurisdiction Changes

Codes for Miscellaneous Items

Codes E1399 (DME) and L8499 (prosthetic) were formerly DME regional carrier only and are now changed to joint jurisdiction. This will enable local carriers to process claims related to implanted DME and implanged prosthetic devices.

Effective Date: Claims with date of service on or after January 1, 1996.

Repair Codes

Codes used for repair of DME, E1350, and repair of prosthetic devices, L7500 and L7510, were previously DME regional carrier only. These codes are now being changed to joint jurisdiction. This will enable local carriers to process claims for repair of implanted DME and repair of prosthetic devices such as the cochlear implant.

Effective Date: Claims with date of service on or after January 1, 1996.

Immediate and Early Postsurgical Procedures

Codes L6380 through L6388 (upper limb) are changed from local carrier only to DME regional carrier only. This will coordinate with codes L5400 through L5460 (lower limb) which are also DME regional carrier only.

Effective Date: Claims with date of service on after July 1, 1996.

Below for your use is a revised list of jurisdictions broken out by HCPCS codes for local carrier and/or DME regional carrier.

HCPCS	Description	Jurisdiction
A0021 - A0999	Ambulance Services	Local Carrier
A2000	Chiropractic	Local Carrier
A4190 - A4209	Medical, Surgical, and Self-Administered Injection Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4210	Needle Free Injection Device	Non-covered Item—DME REGIONAL Carrier
A4211 - A4250	Medical, Surgical, and Self-Administered Injection Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier .
A4253 - A4259	Blood Glucose Test; Lancets; Calibrator Solution	DME REGIONAL Carrier
A4260	Levonorggestrel Implant	Non-covered Item—Local Carrier
A4262 - A4263	Lacrimal Duct Implants	Local Carrier
A4265	Paraffin	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4270	Endoscope Sheath	Local Carrier
A4300 - A4301	Implantable Catheter	Local Carrier
A4305 - A4306	Disposable Drug Delivery System	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4310 - A4335	Incontinence Supplies/Urinary Supplies	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.

HCPCS	Description	Jurisdiction
A4338	Indwelling Catheter, Foley Type	If provided in the physician's office for a temporary condition, the item is incident to the temporary condition, the item is incident to the physician's service and billed to the Local Carrier (not separately payable prior to January 1, 1994). If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A4340	Indwelling Catheter, Specialty Type	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A4344 - A4346	Indwelling Catheter, Foley Type	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier (not separately payable prior to January 1, 1994). If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A4347- A4359	Incontinence/Urinary Supplies	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A4361 - A4421	Ostomy Supplies	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A4454 - A4455	Tape; Adhesive Remover	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4460	Elastic Bandage	Local Carrier if incident to a physician's service (not separately payable). If secondary surgical dressing, DME REGIONAL Carrier. (See MCM 2079).
A4465	Non-elastic Binder for Extremity	DME REGIONAL Carrier
A4470	Gravlee Jet Washer	Local Carrier
A4480	Vabra Aspirator	Local Carrier
A4490 - A4510	Surgical Stockings	Non-covered Item—DME REGIONAL Carrier
A4550	Surgical Trays	Local Carrier
A4554	Disposable Underpads	Non-covered Item—DME REGIONAL Carrier

HCPCS	Description	Jurisdiction
A4556 - A4558	Electrodes; Lead Wires; Conductive Paste	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4560 - A4572	Pessary; Sling; Splint; Rib Belt	DME REGIONAL Carrier
A4575	Topical Hyperbaric Oxygen Chamber, Disposable	Local Carrier
A4580 - A4590	Casting Supplies and Material	Local Carrier
A4595	TENS Supplies	DME REGIONAL Carrier
A4610	Medication Supplies for DME	Local Carrier
A4611 - A4613	Oxygen Equipment Batteries and Supplies	DME REGIONAL Carrier
A4615 - A4629	Oxygen and Tracheostomy Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4630 - A4640	DME Supplies	DME REGIONAL Carrier
A4641 - A4646	Imaging Agent; Contrast Material	Local Carrier
A4647	Contrast Material	Local Carrier
A4649	Miscellaneous Surgical Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4650 - A4705	Supplies for ESRD	DME REGIONAL Carrier
A4712	Water, Sterile	Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier.
A4714 - A4927	Supplies for ESRD	DME REGIONAL Carrier
A5051 - A5093	Additional Ostomy Supplies	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.
A5102 - A5149	Additional Incontinence and Ostomy Supplies	If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier .
A5500 - A5507	Therapeutic Shoes	DME REGIONAL Carrier
A6020	Surgical Dressing	DME REGIONAL Carrier
A9150	Non-Prescription Drugs	Local Carrier
A9160 - A9190	Administrative, Miscellaneous, and Investigational	Non-Covered Item—Local Carrier

HCPCS	Description	Jurisdiction
A9300	Exercise Equipment	Non-covered Item—DME REGIONAL Carrier
A9500 - A9505	Imaging Agents	Local Carrier
B4034 - B9999	Enteral and Parenteral Therapy	DME REGIONAL Carrier
D0120 - D9999	Dental Procedures	Local Carrier
E0100 - E0105	Canes	DME REGIONAL Carrier
E0110 - E0116	Crutches	DME REGIONAL Carrier
E0130 - E0158	Walkers	DME REGIONAL Carrier
E0160 - E0179	Commodos	DME REGIONAL Carrier
E0180 - E0239	Decubitus Care Equipment	DME REGIONAL Carrier
E0241 - E0246	Bath and Toilet Aids	Non-covered Item—DME REGIONAL Carrier
E0249	Pad for Heating Unit	DME REGIONAL Carrier
E0250 - E0297	Hospital Beds	DME REGIONAL Carrier
E0305 - E0326	Hospital Bed Accessories	DME REGIONAL Carrier
E0350 - E0352	Electronic Bowel Irrigation System	DME REGIONAL Carrier
E0424 - E0480	Oxygen and Related Respiratory Equipment	DME REGIONAL Carrier
E0500	IPPB Machine	DME REGIONAL Carrier
E0550 - E0585	Compressors	DME REGIONAL Carrier
E0600 - E0606	Suction Pump/Room Vaporizers	DME REGIONAL Carrier
E0607 - E0609	Monitoring Equipment	DME REGIONAL Carrier
E0610 - E0615	Pacemaker Monitor	DME REGIONAL Carrier
E0621 - E0635	Patient Lifts	DME REGIONAL Carrier
E0650 - E0673	Pneumatic Compressor and Appliances	DME REGIONAL Carrier
E0690	Ultraviolet Cabinet	DME REGIONAL Carrier
E0700	Safety Equipment	DME REGIONAL Carrier
E0710	Restraints	DME REGIONAL Carrier
E0720 - E0749	Electrical Nerve Stimulators	DME REGIONAL Carrier
E0751 - E0753	Implantable Nerve Stimulator	Local Carrier
E0755 - E0776	Stimulator; Pole	DME REGIONAL Carrier
E0781	Ambulatory Infusion Pump	Billable to both the local carrier and the Regional Carrier. This item may be billed to the Regional Carrier whenever the infusion is initiated in the physician's office but the patient does not return during the same business day.
E0782 - E0783	Infusion Pumps, Implantable	Local Carrier
E0784	Infusion Pumps, Insulin	Non-covered Item—DME REGIONAL Carrier
E0791	Parenteral Infusion Pump	DME REGIONAL Carrier

HCPCS	Description	Jurisdiction
E0840 - E0900	Traction Equipment	DME REGIONAL Carrier
E0910 - E0948	Trapeze Equipment	DME REGIONAL Carrier
E0950 - E01298	Wheelchairs	DME REGIONAL Carrier
E1300 - E1310	Whirlpool Equipment	DME REGIONAL Carrier
E1350	Repair or Non-routine Service	Local Carrier if repair of implanted DME. If other, DME REGIONAL Carrier.
E1353 - E1385	Additional Oxygen Related Equipment	DME REGIONAL Carrier
E1399	Miscellaneous DME	Local Carrier if implanted DME. If other, DME REGIONAL Carrier.
E1400 - E1406	Additional Oxygen Equipment	DME REGIONAL Carrier
E01510 - E1702	Artificial Kidney Machines and Accessories	DME REGIONAL Carrier
E1800 - E1830	Dynamic Flexion Devices	DME REGIONAL Carrier
G0001 - G0061	Misc. Professional Services	Local Carrier
J0120 - J3570	Injection	Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier.
J7030 - J7130	Miscellaneous Drugs and Solution	Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier.
J7140 - J7150	Oral Drugs	Non-Covered Item—Local Carrier
J7190 - J7192	Factor VIII	Local Carrier
J7194	Factor IX	Local Carrier
J7196	Other Hemophilia Clotting Factors	Local Carrier
J7197	Antithrombin III	Local Carrier
J7500 - J7506	Immunosuppressive Drugs	Local Carrier if incident to a physician's service
J7610 - J7699	Inhalation Solutions	DME Regional Carrier
J7799	NOC, Other than inhalation Drugs Through DME	DME REGIONAL Carrier
J9000 - J9380	Chemotherapy Drugs	Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier.
J9999	Not Otherwise Classified Drug	Local Carrier
K0001 - K0109	Wheelchairs	DME REGIONAL Carrier
K0110 - K0111	Infusion Pump Supplies	DME REGIONAL Carrier
K0112 - K0116	Spinal Orthotics	DME REGIONAL Carrier
K0119 - K0125	Immunosuppressive Drugs	DME REGIONAL Carrier
K0126 - K0130	Splints	DME REGIONAL Carrier
K0137 - K0139	Skin Barrier	DME REGIONAL Carrier
K0140 - K0146	Inhalation Solutions	DME REGIONAL Carrier
K0152 - K0154	Surgical Dressings	DME REGIONAL Carrier
K0163	Vacuum Erection System	DME REGIONAL Carrier

HCPCS	Description	Jurisdiction
K0168 - K0194	Accessories for Nebulizers, Aspirators, and Ventilators	DME REGIONAL Carrier
K0195	Elevating Leg Rests	DME REGIONAL Carrier
K0196 - K0266	Surgical Dressings	DME REGIONAL Carrier
K0268	Humidifier	DME REGIONAL Carrier
K0269	Aerosol Compressor	DME REGIONAL Carrier
K0270	Ultrasonic Generator	DME REGIONAL Carrier
K0271 - K0281	Ostomy and Urological Supplies	DME REGIONAL Carrier
K0283	Saline Solution, Metered Dose	DME REGIONAL Carrier
K0284	External Infusion Pump	DME REGIONAL Carrier
K0285	Repair of Prosthetic Device	DME REGIONAL Carrier
K0400	Adhesive Skin Support Attachment for use with Breast Prothesis	DME REGIONAL Carrier
K0401	Deluxe Feature - Therapeutic Shoe	DME REGIONAL Carrier
K0402 - K0406	Surgical Dressings	DME REGIONAL Carrier
K0407 - K0411	Urologicals	DME REGIONAL Carrier
K0412	Mycophenolate Mofetil, Oral	DME REGIONAL Carrier
K0413 - K0414	Decubitus Care Equipment	DME REGIONAL Carrier
K0415 - K0416	Antiemetic Drugs	DME REGIONAL Carrier
K0417	External Infusion Pump	DME REGIONAL Carrier
L0100 - L4380	Orthotic Procedures	DME REGIONAL Carrier
L5000 - L5999	Lower Limb	DME REGIONAL Carrier
L6000 - L7499	Upper Limb	DME REGIONAL Carrier
L7500 - L7510	Repair of Prosthetic Device	Local Carrier if repair of implanted prosthetic device. If other, DME REGIONAL Carrier.
L8000 - L8490	Prosthetic Procedures	DME REGIONAL Carrier
L8499	Unlisted Procedure for Misc. Prosthetic Services	Local Carrier if implanted prosthetic device. If other, DME REGIONAL Carrier.
L8500 - L8501	Artificial Larynx; Tracheostomy Speaking Valve	DME REGIONAL Carrier
L8600 - L8680	Prosthetic Implants	Local Carrier
L8690	Prosthetic Implant	Non-Covered Item—Local Carrier
L9999	Sales Tax-PandO	DME REGIONAL Carrier
M0005 - M0302	Medical Services	Local Carrier
P2028 - P9615	Laboratory Tests	Local Carrier
Q0034 - Q0035	Influenza Vaccine; Cardiokymograph	Local Carrier
Q0068	Extracorporeal Plasmapheresis	Local Carrier
Q0081	Infusion Therapy	Local Carrier

HCPCS	Description	Jurisdiction
Q0082	Activity Therapy	Local Carrier
Q0083 - Q0085	Chemotherapy	Local Carrier
Q0086	Physical Therapy Eval/Treatment	Local Carrier
Q0091	Smear Preparation	Local Carrier
Q0092	Portable X-ray Setup	Local Carrier
Q0103 - Q0104	Physical Therapy	Local Carrier
Q0109 - Q0110	Occupational Therapy	Local Carrier
Q0111 - Q0116	Miscellaneous Lab Services	Local Carrier
Q0132	Dispensing Fee - Nebulizer Drug	DME REGIONAL Carrier
Q0136	Injection, Epoetin Alpha	Local Carrier
Q9920 - Q9940	Injection of EPO	DME REGIONAL Carrier when self-administered or for method II beneficiaries, otherwise Local Carrier.
R0070 - R0076	Diagnostic Radiology Services	Local Carrier
V2020 - V2025	Frames	DME REGIONAL Carrier
V2100 - V2513	Lenses	DME REGIONAL Carrier
V2520 - V2530	Hydrophilic Contact Lenses	Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier.
V2531 - V2615	Lenses	DME REGIONAL Carrier
V2623 - V2629	Prosthetic Eye	DME REGIONAL Carrier
V2630 - V2632	Intraocular Lens	Local Carrier
V2700 - V2780	Miscellaneous Vision Service	DME REGIONAL Carrier
V2781	Progressive Lens	Non-covered item—DME REGIONAL Carrier
V2785	Processing—Corneal Tissue	Local Carrier
V2799	Misc. Vision Service	DME REGIONAL Carrier
V5008 - V5299	Hearing Services	Local Carrier
V5336	Repair/Modification of Augmentative Communicative System or Device	Non-covered item—DME REGIONAL Carrier
V5362 - V5364	Speech Screening	Local Carrier

Revised: April 1996

Medical Policy

Ostomy Supplies

New codes have been established for ostomy solid skin barriers that are extended wear and/or have built-in convexity. The codes are:

- K0279 Skin barrier, with flange (solid, flexible, or accordion), with built in convexity extended wear, any size, each
- K0429 Skin barrier, solid, 4 X 4 or equivalent, extended wear, without built-in convexity, each
- K0430 Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
- K0431 Pouch, closed, with standard wear barrier attached, with built-in convexity (1 piece), each
- K0432 Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each
- K0433 Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each
- K0434 Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
- K0435 Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each
- K0436 Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
- K0437 Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each

Ostomy Skin Barriers

The narrative of the following codes has been revised by adding the term "standard wear":

- K0277 Skin barrier; solid, 4 x 4 or equivalent, standard wear with built-in convexity, each
- K0278 Skin barrier; with flange (solid, flexible, or accordion), standard wear with built-in convexity, any size, each

The new codes and revised narrative of existing codes are effective for dates of service on or after October 1, 1996.

Attachment #1 provides definitions of extended wear barriers, barriers with built-in convexity, and other terms in the codes. It should be noted that at the present time, the only products that should be coded as extended wear barriers are the Durahesive barrier by ConvaTec and the Flexextend barrier by Hollister. If a supplier or manufacturer thinks that another product qualifies as an extended wear barrier, they should contact the SADMERC for a coding determination.

Ostomy Pouches Used with Faceplates

Attachment #2 lists all solid barrier codes so that suppliers can see the choices within each group of codes. The barriers in codes A4362, A5123, A5051, A5061, and A5071 are standard wear barriers without built-in convexity.

New codes have also been established for ostomy pouches with attached faceplates, ostomy pouches for use on a faceplate, and a faceplate equivalent. The codes are:

- K0419 Pouch, drainable, with faceplate attached, plastic, each
- K0420 Pouch, drainable, with faceplate attached, rubber, each
- K0421 Pouch, drainable, for use on faceplate, plastic, each
- K0422 Pouch, drainable, for use on faceplate, rubber, each
- K0423 Pouch, urinary, with faceplate attached, plastic, each
- K0424 Pouch, urinary, with faceplate attached, rubber, each
- K0425 Pouch, urinary, for use on faceplate, plastic, each
- K0426 Pouch, urinary, for use on faceplate, heavy plastic, each

- K0427 Pouch, urinary, for use on faceplate, rubber, each
- K0428 Ostomy faceplate equivalent, silicone ring, each

These codes are effective for dates of service on or after October 1, 1996. Attachment# 3 lists products that would be appropriately billed using the new codes. Inquiries concerning the coding of items not on the list should be directed to the SADMERC. For products not on the list, suppliers should use their knowledge of the product and the definitions listed below to determine the correct code until a determination is published in a future DMERC bulletin or they receive a response from the SADMERC to a coding inquiry. It should be noted that there are no products manufactured by Coloplast, ConvaTec, or Hollister that would be billed using these codes.

The following codes will be invalid for claims with dates of service on or after October 1, 1996 that are received by the DMERC on or after January 1, 1997. These codes will continue to be valid for dates of service prior to October 1, 1996 regardless of the date of receipt.

- 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

While it would seem that products currently billed using the deleted A codes would be crosswalked to one of the new codes, that might not be the case for many suppliers. Surveys of current billing practice have revealed that a number of suppliers are incorrectly billing products using these A codes. Attachment #1 provides definitions that apply to ostomy pouch systems and should serve as the basis for coding products not found on the product classification list.

Ostomy Deodorant

HCPCS code XX006 (ostomy deodorant, all types, per ounce) will be invalid for claims with dates of service on or after October 1, 1996 that are received by the DMERC on or after January 1, 1996. Code XX006 will continue to be valid for dates of service prior to October 1, 1996 regardless of the date of receipt. Codes K0438 (ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce)

and K0439 (ostomy deodorant for use in ostomy pouch, solid, per tablet) will become effective for dates of service on or after October 1, 1996. Since there is no code for powdered ostomy deodorant, it should be billed under code A4421 (ostomy supplies, miscellaneous).

Attachment #1

Definitions

A solid barrier (wafer) is an interface between the patient's skin and the pouching system which is made of a pectin-based or karaya material, has measurable thickness and has an adhesive property. There are distinct codes for barriers with built-in convexity compared to flat barriers. There are also distinct codes for extended wear compared to standard wear barriers.

A barrier with built-in convexity is one in which an outward curve is achieved by plastic embedded in the barrier.

An extended wear barrier is a pectin based barrier with special additives which achieve a stronger adhesive seal, resist breakdown by urine or ileal effluent, and permit longer wear time between changes.

A pouch "with barrier attached" is one in which a solid barrier is part of a one piece pouch system. There are distinct codes for one piece pouches with convex barriers and extended wear barriers.

A pouch "without barrier attached" is a pouch with or without a thin adhesive coating that is applied either directly to the skin or to a separate barrier.

A faceplate is a solid interface between the patient's skin and the pouch. It is usually made of plastic, rubber or encased metal. It does not have an adhesive property and there is no pectin-based or karaya material that is an integral part of a faceplate. It can be taken off the skin and reattached repeatedly. It is held on by means of a separate adhesive and/or an elastic belt. The clips for attaching the belt are usually a part of the faceplate. There is no coding distinction between flat and convex faceplates.

A pouch "with faceplate attached" or "for use on a faceplate" is generally rubber or heavy plastic. It is drainable, cleanable, and reusable for periods of weeks to months, depending on the product.

Attachment #2

Ostomy Barrier Codes

A4362	Skin barrier; solid, 4 x 4 or equivalent, each
K0429	Skin barrier; solid, 4 x 4 or equivalent, extended wear, without built-in convexity, each
K0277	Skin barrier; solid, 4 x 4 or equivalent, standard wear with built-in convexity, each
A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each
K0430	Skin barrier; with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
K0278	Skin barrier; with flange (solid, flexible, or accordion), standard wear, with built-in convexity, any size, each
K0279	Skin barrier; with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each
A5051	Pouch, closed; with barrier attached (1 piece)
K0431	Pouch, closed; with standard wear barrier attached, with built-in convexity (1 piece), each
A5061	Pouch, drainable; with barrier attached (1 piece)
K0432	Pouch, drainable; with extended wear barrier attached, without built-in convexity (1 piece), each
K0433	Pouch, drainable; with standard wear barrier attached, with built-in convexity (1 piece), each
K0434	Pouch, drainable; with extended wear barrier attached; with built-in convexity (1 piece), each
A5071	Pouch, urinary; with barrier attached (1 piece)
K0435	Pouch, urinary; with extended wear barrier attached, without built-in convexity (1 piece), each
K0436	Pouch, urinary; with standard wear barrier attached, with built-in convexity (1 piece), each
K0437	Pouch, urinary; with extended wear barrier attached, with built-in convexity (1 piece), each

Attachment #3

Ostomy Pouches with Faceplate Attached or for Use on a Faceplate

Product Classification List (This list is not all-inclusive.)

HCPCS Code Description

K0419	Pouch, drainable, with faceplate attached, plastic, each
	Manufacturer Brand Name/Number
	Marlen OPV 4001 SI 2001
K0420	Pouch, drainable, with faceplate attached, rubber, each
	Manufacturer Brand Name/Number
	Perma-Type Colostomy/Ileostomy Appliance with Disc
	Atlantic O-dor-less Rubber Ileostomy/ Colostomy Pouch with Flange
K0421	Pouch, drainable, for use on faceplate. plastic, each
	Manufacturer Brand Name/Number
	Marlen GR - 22 MDW - 10 XTL - MDW-20 ZK - 18
	Perma-Type Permettes
	Smith & Nephew Feather-Lite Vinyl Ileostomy Pouch Feather-Lite odorproof Ileostomy Pouch
	Torbot Colostomy/Ileostomy Opaque Plastic Pouch Colostomy/Ileostomy Transparent Plastic Pouch
	VPI Ileostomy Colostomy
K0422	Pouch, drainable, for use on faceplate, rubber, each
	Manufacturer Brand Name/Number
	Atlantic O-dor-less Ileostomy Pouch White Rubber Drainable Pouch
	Gricks Rubber Ileo Pouch
	Marlen Ileostomy MP-2
	Perma-Type Colostomy/Ileostomy Appliance Pouch with Apron Colostomy/Ileostomy Synthetic Pouch with Apron
	Torbot Colostomy/Ileostomy Rubber Pouch
K0423	Pouch, urinary, with faceplate attached, plastic, each
	Manufacturer Brand Name/Number
	Marlen SU 3001

K0424 Pouch, urinary, with faceplate attached, rubber, each
Manufacturer Brand Name/Number
 Perma-Type Ileal Bladder Appliance with Disc
 Torbot Rubber Urostomy Pouch with Flange

K0425 Pouch, urinary, for use on faceplate, plastic, each
Manufacturer Brand Name/Number
 Marlen EZD-36
 MAF-12
 XTL-EZS-24
 Smith & Nephew Feather-Lite Urinary Pouch
 Feather-Lite Dri-Flo Urinary Pouch
 Torbot Urinary Opaque Plastic Pouch
 Urinary Transparent Plastic Pouch

K0426 Pouch, urinary, for use on faceplate, heavy plastic, each
Manufacturer Brand Name/Number
 VPI Urostomy

K0427 Pouch, urinary, for use on faceplate, rubber, each
Manufacturer Brand Name/Number
 Atlantic White Rubber Pouch
 Gricks Rubber Urinary Pouch
 Marlen MU3R
 Perma-Type Urinary Appliance Pouch with Apron
 Urinary Synthetic Pouch with Apron
 Torbot Urinary Rubber Pouch

K0428 Ostomy faceplate equivalent, silicone ring, each
Manufacturer Brand Name/Number
 VPI O-ring Seal

New NDC# for Methotrexate

Effective for dates of service on or after October 1, 1996, Methotrexate 2.5 mg manufactured by ESI Lederle is assigned the NDC Number/Code 59911-5874-01. This code must be used on claims submitted to the DMERC.

Billing for Intra-Peritoneal Nutrition

The DMERC Regional Medical Review Policy on Parenteral Nutrition defines parenteral nutrition as the provision of nutritional requirements **intravenously**. When billing nutrients that are infused **intra-peritoneally** (sometimes associated with peritoneal dialysis) use HCPCS code B9999 (Not Other-

wise Classified for Parenteral Supplies). Do not use the specific B codes based on protein content, etc., when nutrients are used in this fashion.

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 under 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.

Correction - Vision Claims June 1996 DME Medicare News

The June 1996 issue of "DME Medicare News" contained misinformation with regard to vision claims (page 9). Low vision aids, and scratch resistant coating (V2760) are non-covered items. They were listed as covered items erroneously, and should not be billed as such. Claims submitted with these codes will still be denied as "non-covered" as stated in the original policy.

Paragraph one, of the same section states that "coverage is limited to no more than one pair of eyeglasses after each cataract surgery or IOL implant." It should read "coverage is limited to no more than one pair of eyeglasses after each cataract surgery **with** IOL implant."

Enteral/Parenteral Nutrition

Enteral Nutrients by Category - Revised July 9, 1996

Category I - B4150

Attain
Attain L.S.
Attain K.D.S.
* Boost (Eff. 6/14/96)
Ensure
Ensure HN
Ensure Powder
Ensure with Fiber (Name changed from Enrich eff.
2/1/93)
Entera
Entera Isotonic
Entera Isotonic Fiber
Entralife HN
Entralife HN Fiber
Entralife HN-2
Entrition HN
Fiberian (Eff. 1/1/93)
Fibersource
Fibersource HN
Fortison
Glytrol (Eff. 4/3/95)
Hearty Balance (Eff. 12/27/94)
Introlite
Isocal
Isocal HN
Isocal II
Isofiber
Isolan (Eff. 1/1/93)
Isomil
Isosource
Isosource HN
Jevity
* Kindercal
Lonalac
Meritene
Newtrition (Flavors) (Prior to 1/1/93)
Newtrition HN (Prior to 1/1/93)

Newtrition Isofiber (Prior to 1/1/93)
Newtrition Isotonic (Prior to 1/1/93)
Nitrolan (Eff. 1/1/93)
* NuBasics
* NuBasics with Fiber
* NuBasics VHP
* Nutrapak
* Nutramigen
Nutren 1.0
Nutren 1.0 with Fiber
* Nutren Junior (Eff. 5/20/96)
* Nutren Junior with Fiber (Eff. 5/20/96)
* Nutren VHP
Nutrilan (Eff. 1/1/93)
* Nutrition (Eff. 1/27/96)
Osmolite
Osmolite HN
Pediasure
Pediasure with Fiber
Portagen
Pre-Attain
ProBalance (Eff. 4/3/95)
Profiber
Promote (Eff. 4/3/95)
Promote with Fiber (Eff. 4/3/95)
Resource
* Resource Diabetic
Susta II
Sustacal
* Sustacal Basic
Sustacal Fiber
Ultracal

Category I - B4151

Compleat-B
Compleat-B Modified
Vitaneed

Category II - B4152

Comply
* Deliver 2.0
Ensure Plus
Ensure Plus HN

Entrition 1.5

Isocal HCN (Name changed to Deliver 2.0 eff. 6/14/96)

* IsoSource 1.5 (Eff. 1/11/96)

Isotera Isotonic

Lipisorb (Prior to 4/6/93)

Magnacal

Newtrition 1.5 (Prior to 1/1/93)

* NuBasics 2.0 Complete (Eff. 2/15/96)

* NuBasics Plus

Nutren 1.5

Nutren 2.0

* NutriAssist 1.5

* Nutrition Plus

Nutrivent (Prior to 5/17/93)

Resource Plus

Respalor

Sustacal HC (Name changed to Sustacal Plus)

* Sustacal Plus

Twocal HN

Ultralan (Eff. 1/1/93)

Category III - B4153

Accupepha

Criticare HN

Isotein

L-Emental (Eff. 2/22/94)

* Peptical

Precision HN

Precision Isotera

Reabilan

Travasorb HN

Vital HN

Vivonex HN

Category IV - B4154

Alitraq

* Choice DM

Citroprotein

Fulfill

Peptamin Junior

SLD

Category IV Local Codes

Accupep HPF XX030

Advera XX073

AminAid XX031

Crucial XX074

Diabetisource XX075

Entera OPD XX032

Glucerna XX033

Hepatic Aid XX034

Impact XX035

* Impact 1.5 XX082

Impact with Fiber XX036

ImunAid XX037

Isosource VHN XX076

* L-Elemental Plus XX079

Lipisorb XX038

Nepro XX039

NutriHep XX042

Nutrivent after 5/93 XX043

Peptamen XX044

* Peptamen VHP XX081

Perative XX045

Pregestimil XX046

* Pro-Peptide XX080

Pro-Peptide VHN XX084

Protain XL XX047

Provide XX048

Pulmocare XX049

Reabilan HN XX050

* Renalcal (Eff. 4/1/96) XX083

Replete XX040

Replete with Fiber XX041

SandoSource Peptide XX078

Suplena (Replena) XX051

Stresstein XX052

Traumacal XX053

Travasorb Hepatic XX055

Travasorb MCT XX056

Travasorb Renal XX057

Vivonex Plus XX077

Vivonex T.E.N. XX058

Category V Local Codes

Casec	XX059
Elementra	XX061
Fibrad	XX062
MCT Oil	XX064
Microlipid	XX065
Moducal	XX066
Polycose	XX068
Promod	XX069
Promix	XX070
Propac Plus	XX071
Sumacal	XX072

Category VI - B4156

Precision LR Powder
Tolerex
Travasorb STD Powder
Vivonex STD Powder

Note: Deleted 1/1/96

TraumAid HBC	XX054
Controlyte	XX060
Lipomul	XX063
Nutrisource	XX067

*New Products added as of July 9, 1996

Billing Procedure for PEN Nutrition

When billing for parenteral/enteral nutrition, documentation for the need for total caloric intake less than 20 or greater than 35 cal/kg/day is no longer required to be submitted with the claim. However, **policy criteria have not changed** and supporting documentation **MUST** be obtained by the supplier to substantiate the medical necessity for calories outside the 20-35 cal/kg range. This documentation must be retained in the supplier's files.

As always, for patients who fall outside the guidelines, when individual consideration is requested, the documentation must be specific for that patient.

This is effective for claims received on or after July 1, 1996.

Coding of Nu-Gauze, Sterile, Packing Strips

Due to confusion in the supplier community regarding coding of Nu-Gauze, sterile, packing strips the following coding verification was received from the SADMERC in conjunction with the HCPCS Coordinators from all DMERC Regional Carriers.

K0406 = Gauze, non-elastic, sterile, per linear yard.

K0406 is the appropriate code to use for billing Nu-Gauze, Sterile, Plain Packing Strips.

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

K0266 is the appropriate code to use for billing NU-Gauze, Sterile, Packing Strips with 5% Iodoform.

Blood Glucose Test Strips - Billing Procedure

We have observed that numerous claims for blood glucose test strips (A4253) and lancets (A4259) are being billed with the incorrect number of units. Please see the procedure code description below:

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

A4259 Lancets, per box of 100

For example, if the beneficiary receives a box of 50 strips and a box of 100 lancets, this would be billed as one (1) unit for each item.

Please refer to the June 1995 Issue of "DME Medicare News" for more information.

Note: Billing the incorrect number of units will result in a CO-57 denial - "Medicare does not pay for this many services in this period of time."

Product Classification Updates Wheelchair Bases

New Additions as of July 3, 1996

Manufacturer/Brand Name	Model Name/#	HCPCS Code
Everest & Jennings	Metro	K0004
Lumex	1000 Series	K0001
	5000 Series Transport	K0001
	4000 Series	K0001
	5000 Series Hemi	K0002
	3000 Series	K0003
	6000 Series	K0004
	6000 Series Hemi	K0004
	5000 Series Wide 20" (K)	K0006
	5000 Series Wide 22" (L)	K0007
5000 Series Wide 24" (L)	K0007	
Merits	M11	K0003
	Travel Ease	K0011
Quickie	LX	K0004
	LXI	K0005
Tuffcare	Eagle	K0001
	Reliance	K0001
	Hemi Deluxe/Adult	K0002
	Falcon	K0003
	Falcon Hemi/Adult	K0003
	Super Eagle	K0006
	Newport Extra Wide (L)	K0007
	Newport Recliner/Adult	K0009
	Newport Recliner/Pediatric	K0009
	Falcon Pediatric	K0009
	Falcon Pediatric Recliner	K0009
	Transporter	K0009
	Ultra Lightweight Transporter	K0009
	Falcon Hemi/Pediatric	K0009
Hemi Deluxe/Pediatric	K0009	

Footnotes

Note (K): Use K0057 if seat width is 19 or 20 inches for heavy duty or extra heavy duty wheelchair.

Note (L): Code the additional seat width >18 inches separately using K0108.

Previously published, March 1996, "DME Medicare News."

Pneumatic Compressors/Lymphedema Pumps Classification List Update

Additions as of March 1, 1996

Manufacturer/Brand Name	Model Name/#	HCPCS Code
Bio Compressions Systems/Sequential Circulator	2004	E0651
Camp	GCS 2000	E0652
Ormed	Lymph-Mat Digital	E0651
	Lympha-Mat 300	E0651
	Vasoflow 100	E0651
	Vasoflow 200	E0652

Previously published, June 1996, "DME Medicare News."

EOMB Messages

Waiver Action Codes/EOMB Messages - Additions

Below are additions to the list of action codes/EOMB messages when a waiver of liability would apply, provided that the supplier obtained the form prior to delivery and indicated such by using a GA modifier with the HCPCS code.

When the claim contains the GA modifier, beneficiary liability will be added to the action code/EOMB messages listed below for claims received at the DMERC on or after November 4, 1996.

Action Code/EOMB Message

226 / CO-57
307 / CO-57
322 / CO-B5
324 / CO-50
380 / PR-46
412 / CO-50
432 / CO-50
522 / CO-50
352 / CO-57

Action codes/EOMB messages listed below will have the waiver option removed effective for claims received at the DMERC on or after November 4, 1996. The GA modifier will no longer be applicable for use on these action codes/EOMB messages listed below, which will indicate that the **beneficiary will no longer be responsible** for payment.

Action Code / EOMB Message

245 / CO-114
382 / CO-114

Retraction - Waiver Codes/EOMB Messages

Please note that action code 221/EOMB message CO-B5, **will not** be added to the waiver list effective for claims received at the DMERC on or after August 18, 1996. This action code was previously included in the listing that was published in the June 1996 edition of the *DME Medicare Newsletter* (page 11).

Participating Supplier Benefits

Suppliers choosing to be a participating supplier, voluntarily agree to accept assignment for all items and services furnished to Medicare beneficiaries. Accepting assignment means accepting Medicare's approved amount as payment in full. Of course, nonparticipating suppliers may accept assignment on a case-by-case basis.

Benefits of being a participating supplier include:

- All Medicare checks go directly to you!
- No more toll charges for submitting electronic claims to Medicare!
- "ONE STOP" insurance billing for beneficiaries with Medigap policies who assign both their benefits to the provider. Medicare Automatically sends claim payment information to the Medigap insurer.

- Access to Medicare Beneficiary Eligibility information on-line for electronic billers.
- You will be included in the annual Medicare Participating Supplier Directory! Beneficiaries, senior citizen groups, Area Agencies on Aging use this directory to select suppliers. Thousands of these are distributed.
- Request for review capability on All claims rather than having to obtain a beneficiary authorization.
- Medicare's electronic bulletin board provides toll-free access to information on All claims.
- Information is available on All Medicare claims when you contact Provider Services.

The NSC is responsible for identifying participating/nonparticipating suppliers on the Supplier file.

Medicare Secondary Payer

MSP and the HCFA-1500

We have noticed two common error submissions on the HCFA-1500 forms.

1. Completion of Block 11 - "**This item must be completed.** By completing this item, the physician/supplier acknowledges having made a good faith effort to determine whether Medicare is the primary or secondary payer. If there is no insurance primary to Medicare, enter the word "NONE" and proceed to Block 12." Several claims are submitted with Block 11 blank - or with the word "none" and an Explanation of Benefits from a primary insurance company attached. This is a very important area on the HCFA-1500 as it is a required field and will result in the claim being denied for this information.
2. Block 29 - "Enter the total amount the patient paid on the covered services only." If the supplier enters an amount paid by the primary insurance company in this field, this will result in payment being made to the beneficiary despite the assignment of the claim.

The final instructions for the HCFA-1500 in our August 1995 newsletter. If there are questions, please refer to that newsletter for additional information.

EMC Submitters Transmitting MSP Information

Suppliers should be using the DA1 and DA2 records when transmitting Medicare Secondary Payer information to our office. These records should only be completed when the beneficiary has primary insurance to Medicare due to an Employer Group Health Plan, Workers' Compensation, Black Lung, an auto accident or other type of liability insurance. The HA0 record should only be used to indicate information not included in these fields (i.e., DME not covered, yearly max met, yearly Black Lung denial dates). It is not necessary to indicate "Medicare is the primary payer" in the HA0 record or to complete the DA1 and DA2 records when Medicare is the primary payer. This causes an unnecessary delay in the processing of your claims. Please see pages 26-30 of the National Standard Format Specifications for instructions on how to complete the DA1 and DA2 records. If you have any questions please call the EMC Help Desk at 717-735-9517, 717-735-9518 or 717-735-9519.

Miscellaneous

Important Announcement

Effective July 29, 1996, Brian Thomas - Ombudsman, NJ/DE, transferred to the Fair Hearings Unit within Region A DMERC.

Tracy Gusdits - Ombudsman, PA (717,814), in addition to her present territory, has accepted coverage responsibility for New Jersey and Delaware. Tracy can be reached at (717) 735-9411.

Please join us in wishing Tracy and Brian success in their new assignments.

Procedure for Merger/Acquisition

Due to changes within the DMERC A processing system, suppliers are no longer required to document on their claim the old NSC# and the new NSC#, along with effective date (this documentation was previously entered in the HA0 record for EMC claims, or in the body of the 1500 form for paper claims). **Continuing to document this information may result in payment delays.**

Notification of the merger/acquisition still must be forwarded to the attention of the Pricing Unit, noting the old NSC# and the new NSC#, effective date and circumstances (i.e., buy out).

Please note the following procedure for mergers/acquisitions:

1. Notification of the merger/acquisition must be forwarded to the attention of the Pricing Unit noting the old NSC#, the new NSC#, effective date, and circumstances (i.e., buy out).

2. The Pricing Unit will update the supplier file with this change.
3. The supplier must continue to bill claims under the old NSC# for dates of service prior to the effective date of the new NSC#.
4. CMN's currently valid under the old NSC# will still be valid with the new # until they need recertification or revision.
5. Payments for dates of service prior to the effective date will be issued to the supplier listed with the old NSC#. The new supplier may need to contact legal counsel in reference to receiving and cashing these checks; this should be part of their settlement agreement for transition.
6. If after following the above, the supplier receives same/similar equipment denials (EOMB message CO-46, M3) or other related denials, they should notify their Ombudsman.

Dates of service must correspond with the effective dates for the new NSC# and **discontinuation of the old NSC#**. Claims not submitted as of the transition effective date must be submitted under the old NSC# and must have dates of service prior to that date.

If you have any questions regarding this matter, please contact Provider Services Monday through Friday, 8:00 a.m. to 4:00 p.m., at 717-735-9445.

Certificates of Medical Necessity

PEN Certifications Prior to July 1, 1996

Enteral: Certifications prior to July 1, 1996 that were approved by the DMERC have been extended to one lifetime certifications.

Parenteral: Certifications for beneficiaries with an approved initial and at least one approved re-certification prior to July 1, 1996 have been extended to lifetime certifications.

Submission of re-certifications based on the schedule of the previous policy is not necessary and may slow down the processing of claims.

Version .01 of the CMNs

On August 1, 1996, the version .01 of the certificates of medical necessity (CMN) became obsolete!

The newly developed version .02, OMB approved CMN's became effective August 1, 1996.

Any claims submitted on or after this date with the incorrect version CMN will not be processed. Electronic Claims will reject front end and must be resubmitted using the NSF version 2.0. Paper claims will also be rejected as unprocessable and must be resubmitted using the correct version .02 CMN.

Under no circumstances, will version .01 be accepted on or after August 1, 1996. This applies to initial, re-certifications and revisions.

Electronic Media Claims

Electronic Funds Transfer (EFT)

Effective immediately, participation in the Electronic Funds Transfer (EFT) is available to all providers, **whether electronic or paper submitters.** Previously, only providers who submitted 90% of their claims were eligible to benefit from this feature.

This method of provider payment is an option which will allow automatic transfer of Medicare payment directly into the provider's bank account. This will eliminate manual intervention for providers, while expediting deposits and posting funds. Utilizing the EFT method will allow funds to be available approximately one week sooner than normally would be possible with the manual process.

All interested providers should contact the DMERC as soon as possible. EMC providers should call the EMC Unit at 717-735-9519. Providers who submit paper claims should contact Provider Services at 717-735-9445. Upon receipt of your call, an informational packet will be mailed which will include detailed explanation and instructions.

We encourage Providers to take advantage of this positive payment alternative.

Faxed Reviews

Reviews can only be faxed on claims that were **electronically submitted.** Faxed reviews on paper claims will not be processed. Providers can tell by the control number of the claim whether it was originally sent in on paper or electronically. If the sixth digit of the control number is 4 or greater, the claim was electronically submitted. If the claim was submitted before February 19, 1996, the sixth digit will be 5 or greater for electronic claims.

In addition, **faxed reviews over 6 pages in length will not be accepted.** To aid in the processing of the review, please use the cover sheet included in this newsletter, listing no more than 5 control numbers.

Acknowledgment letters are **not** sent on faxed reviews. In addition, faxed reviews are not statused in our processing system. Whether reviews are faxed or mailed, the 45 day turnaround period applies and the reviews must be submitted within 6 months of the date on the Provider Remittance Notice that contained the denial.

Faxed reviews for electronic claims can be submitted using the following fax numbers: 717-735-9402 or 717-735-9599.

National Standard Format 02.00

Electronic submitters using the .02 version of the CMNs must have their software upgraded to National Standard Format (NSF) 02.00. Many claims are being submitted with the new .02 version CMNs on software containing the 01.04 NSF format for the .01 version CMNs. This is causing items to be downcoded and may affect the timely processing of your claims.

All providers must be upgraded to version 02.00 of the National Standard Format by August 1, 1996. If you are not submitting in NSF 02.00 as of this date, your claims will be rejected on the front end.

If there are any questions regarding this notice, please contact the EMC Unit at 717-735-9530.

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

ERNs - Version 01.03

As of April 1, 1996, the Region A DMERC is only returning versions 01.04 and 02.00 of Electronic Remittance Notices. If you would like to receive ERNs in one of these versions, please contact the EMC Unit. Please note that Accelerate users can receive ERNs, but they would need a program written to interpret this information.

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 zip files then you can only send zip 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 "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.

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.

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 20-25 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.

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

Billing Services and Clearinghouses

Claims related data may not be disclosed to anyone other than the provider, supplier or beneficiary for whom the claims were filed. Such information is included in 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 put no for Secondary Insurance in this case. A complete list of OCNA Numbers is contained in your Supplier Manual.

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 set you up differently so that you don't encounter any problems with your files being overwritten. If you need to have access 10 or more times a day, please call 717-735-9530 or 717-735-9519.

How to Get Started with Electronic Billing

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 today 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 signature agreement will be mailed to you.
3. Upon receipt of the signature agreement, the EMC Department will issue a submitter number and send the "Accelerate" free software to you.
4. Our EMC Team will then help you to install and transmit your DMEPOS claims.

Vendor/Billing Service

1. Contact the EMC Team by phone, mail, or FAX.
2. A signature agreement will be mailed to you.

3. Upon return of the agreement, the EMC Department will issue a submitter number. 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.
4. 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.

Electronic Reconsideration Express ERE Cover Sheet

Please reconsider this claim for payment

**For reconsideration on a SINGLE PATIENT:
Fill out the following Specific Patient Information**

Full Name: _____

Medicare Number (HIC #): _____

Control Number(s) _____

For reconsideration on MULTIPLE PATIENTS:

Specific Patient Information is not required. Instead, write MULTIPLE in one of the spaces above, then circle on the attached EOMB's all the control numbers to be reviewed. The reason for reconsideration:

Sender's name: _____

Telephone number: _____

Number of pages faxed including cover sheet: _____

FAX with cover sheet to: _____ or

717 735-9402
(limit of 6 pages - includes cover sheet)

MAIL with cover sheet to:

MetraHealth
DMERC Region A
PO Box 6800
Wilkes-Barre, PA 18773-6800

(unlimited number of pages)

Reminder

1. Have this cover sheet attached on the front of the reconsideration and completely filled out.
2. Have EOMB(s) attached for each claim being reconsidered.

Fraud and Abuse



The Department of Health and Human Services, Office of Inspector General has issued the monthly report of health care exclusions and reinstatements dated March to May 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

Mark G. Anderson
50 Great Quarter Rd.
Sandy Hook, CT 06482
T98245
DOB: 3/3/59

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Patricia Arre
189 Stratton Rd.
Simsbury, CT 06106
DOB: 8/28/53

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Jose Atocha
785 Dennis Dr.
Orange, CT 06477
B38903
DOB: 8/26/30

Specialty: Surgeon
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Sandra Clay
32-0 Weed Hill Ave.
Stamford, CT 06907
DOB: 5/21/67

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Ann Marie Clement
23 Litchfield Dr.
Simsbury, CT 06070
DOB: 7/28/58

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Deborah Donovan
16 Glimmer Glenn
Colchester, CT 06415
DOB: 3/30/63

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Dana Grickis
68-10 Sharon Rd.
Waterbury, CT 06705
DOB: 6/23/70

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Jennelle Ickrath
11 Bedford Ave. N4
Norwalk, CT 06850
DOB: 12/31/63

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Linda Landry
536-C Shennecosett Rd.
Groton, CT 06340
DOB: 1/23/62

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Mirta R. Perez
104 Park Rd. #11
West Hartford, CT 06119
DOB: 11/20/60

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

George Readon
155 Griswold St.
West Hartford, CT 06105
B84484
DOB: 5/23/30

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Mary Robinson
140 Plains Rd.
Windham, CT 06280
DOB: 1/2/32

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Philip Schoolnik
66 W. Ridge Dr.
W. Hartford, CT 06117
DOB: 12/29/40

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 4/29/96

John D. Winchester
21 Riverside Dr.
Clinton, CT 06413
DOB: 10/26/27

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Delaware

John M. Camas
235 Swedes St.
Dewey Beach, DE 19971
D01048
DOB: 7/2/51

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Massachusetts

David S. Carr
PO Box 423
Orleans, MA 02653
DOB: 1/9/59

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 4/29/96

Scott A. Cinsavich
2 Naples Rd.
Salem, MA 01970
E47519
DOB: 1/29/58

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Janis Doolin
AKA Janis Smith
290 Enterprise St.
Duxbury, MA 02332
DOB: 5/27/56

Specialty: Nurse/Nurses Aide
Period of Exclusion: 10 years
Effective Date: 6/9/96

Rory Dean Falkinburg
74 Petticoat Hill Rd.
Williamsburg, MA 01096
U08333
DOB: 8/1/57

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Delores A. Mullen
7-A Pleasant View
Fall River, MA 02741
DOB: 2/2/45

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/9/96

Bernardo Nadel-Ginard
315 Dartmouth St.
Boston, MA 02116
DOB: 3/14/42

Specialty: Cardiologist
Period of Exclusion: Indefinite
Effective Date: 4/29/96

Kailash R. Nath
21A Torrey St.
Brockton, MA 02401
DOB: 2/9/55

Specialty: Optometrist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Omprakash Pillai
15 Leicester St. Apt L
Brighton, MA 02135
DOB: 5/30/60

Specialty: Internist/Internal Medicine
Period of Exclusion: Indefinite
Effective Date: 6/9/96

David M. Rose
34 Park Ave. Apt. 2
Brookline, MA 02146
DOB: 6/20/55

Specialty: Internist/Internal Medicine
Period of Exclusion: Indefinite
Effective Date: 4/29/96

William A. Rohde
1137 Washington St.
Dorchester, MA 02124
A66832
DOB: 10/30/45

Specialty: Psychiatrist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Roderick H. Turner
125 Parker Hill Ave.
Boston MA 02120-7947
B76459
DOB: 1/10/34

Specialty: Orthopedist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Maine

Janice A. Fox
c/o PO Box 2709
Augusta, ME 04330
DOB: 1/13/39

Specialty: Social Worker
Period of Exclusion: 10 years
Effective Date: 6/9/96

Janice Mercinko
PO Box 1053
Belfast, ME 04915
DOB: 10/1/52

Specialty: Nurse/Nurses Aide
Period of Exclusion: 15 years
Effective Date: 6/9/96

Jacob Watson
491 Stevens Ave.
Portland, ME 04103
DOB: 1/8/42

Specialty: Licensed Practitioner
Period of Exclusion: Indefinite
Effective Date: 6/9/96

New Hampshire

April M. Poulin
330 Notre Dame Ave.
Manchester, NH 03102
DOB: 10/12/56

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

James C. Vaillancourt
PO Box 652
Peterborough, NH 03458
DOB: 8/14/68

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

New Jersey

Lisa V. Gaines
93 Lawrence Lane
New Brunswick, NJ 08901
DOB: 10/5/61

Specialty: Optometrist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Jeffrey Paul Gordon
c/o FCI Fairton
PO Box 280
Fairton, NJ 08320
DOB: 4/17/52

Specialty: Pharmacist/Pharmacy
Period of Exclusion: 10 years
Effective Date: 6/9/96

John M. Nahai
2 Rhode St.
Sayerville, NJ 08872
T06426
DOB: 9/16/52

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Barbara T. Roberts-Dukes
124 Tara Terr.
Marlton, NJ 08053
D20031
DOB: 2/9/55

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 4/25/96

New York

Azmi L. Abdelmessih
2100 Donna Dr.
Vestal, NY 13850
DOB: 4/2/35

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 4/25/96

Philip A. Argus
RR1, Box 55J
Rensselaerville, NY 12147
DOB: 12/25/47

Specialty: Licensed Practitioner
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Mildred Bartscher
52 Wilshire Lane, 24M
Oakdale, NY 11769
DOB: 3/19/39

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/19/96

Theresa J. Bernard
17 Eastern Ave.
Ossining, NY 10562
DOB: 9/24/58
New York (Cont'd)

Specialty: Psychologist
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Lawrence Broxmeyer
PO Box 4657
Bay Terrace, NY 11360
A64652
DOB: 11/21/41

Specialty: Family Physician/General Practitioner
Period of Exclusion: 5 years
Effective Date: 4/25/96

Maximo Chua Specialty: Family Physician/General Practitioner 17 Arbor Ridge Lane Centereach, NY 11720 B87325 DOB: 2/18/36	Specialty: Family Physician/General Practitioner Period of Exclusion: Indefinite Effective Date: 6/19/96	Anatoly Pekarsky Specialty: Family Physician/General Practitioner 356 Delaware Ave. Staten Island, NY 10305 A60116 DOB: 8/7/48	Specialty: Family Physician/General Practitioner Period of Exclusion: 2 years Effective Date: 4/10/96
Hyacinth Davis Specialty: Family Physician/General Practitioner 203 W. 136 St. New York, NY 10030 C04868 DOB: 3/29/06	Specialty: Family Physician/General Practitioner Period of Exclusion: 3 years Effective Date: 6/19/96	Kim Phillips Specialty: Business Manager 275 New Michigan Rd. Canandaigua, NY 14424 DOB: 6/18/60	Specialty: Business Manager Period of Exclusion: 5 years Effective Date: 4/10/96
Fred Diaz Specialty: Family Physician/General Practitioner 607 Soundview Ave. Bronx, NY 10473 B19483 DOB: 11/8/56	Specialty: Family Physician/General Practitioner Period of Exclusion: Indefinite Effective Date: 4/25/96	Bernadette Pikoris Specialty: Family Physician/General Practitioner 1268 83rd St. Brooklyn, NY 11201 DOB: 1/29/47	Specialty: Family Physician/General Practitioner Period of Exclusion: Indefinite Effective Date: 4/25/96
Monica Douglas Specialty: Computer Related 790 Eldert Lane Brooklyn, NY 11208 DOB: 11/2/60	Specialty: Computer Related Period of Exclusion: 5 years Effective Date: 6/9/96	Alexander Pismenny Specialty: Employee (Non-Gov't) 50 Brighton 1st Rd. Brooklyn, NY 11235 DOB: 3/17/46	Specialty: Employee (Non-Gov't) Period of Exclusion: 5 years Effective Date: 4/25/96
Doris J. Gordon Specialty: Podiatrist 95-117 RVW 4C Ravine Ave. Yonkers, NY 10701 T51299 DOB: 2/13/58	Specialty: Podiatrist Period of Exclusion: Indefinite Effective Date: 6/19/96	David Steven Shear Specialty: Chiropractor 171 Cuba Ave. Staten Island, NY 10306 T52768 DOB: 11/11/53	Specialty: Chiropractor Period of Exclusion: Indefinite Effective Date: 4/25/96
Theresa Ann Hutchinson Specialty: Nurse/Nurses Aide 12 Allen St. Buffalo, NY 14209 DOB: 12/25/57	Specialty: Nurse/Nurses Aide Period of Exclusion: 5 years Effective Date: 4/25/96	State Registered Nursing Svcs Specialty: Home Health Agency 1019 Fort Salonga Rd. Northport, NY 11768	Specialty: Home Health Agency Period of Exclusion: 5 years Effective Date: 6/19/96
Edmond Klein Specialty: Family Physician/General Practitioner 262 Brompton Rd. Williamsville, NY 14221 DOB: 10/22/21	Specialty: Family Physician/General Practitioner Period of Exclusion: Indefinite Effective Date: 6/19/96	Sung Dam Tan Specialty: Anesthesiologist 93 Sanford St. Yonkers, NY 10704 C12134 DOB: 6/4/46	Specialty: Anesthesiologist Period of Exclusion: Indefinite Effective Date: 6/19/96
Kenneth Kleiner Specialty: Family Physician/General Practitioner 48-45 65th Pl. Woodside, NY 11590 B15285 DOB: 10/9/48	Specialty: Family Physician/General Practitioner Period of Exclusion: Indefinite Effective Date: 6/19/96	Karl E. Tomlinson Specialty: Psychiatrist 139 E. 66th St. New York, NY 10021 DOB: 3/7/27	Specialty: Psychiatrist Period of Exclusion: 5 years Effective Date: 6/19/96
Cornelius Lucey Specialty: Dentist 9 Nicholas Dr. Albany, NY 12205 DOB: 5/25/37	Specialty: Dentist Period of Exclusion: 5 years Effective Date: 4/25/96	Bernard Tyrka Specialty: Chiropractor 303 16th St. Watervliet, NY 12189-2741 DOB: 5/22/25	Specialty: Chiropractor Period of Exclusion: Indefinite Effective Date: 6/19/96
Laurie B. Meckler Specialty: Family Physician/General Practitioner 11 W. 73rd St. New York, NY 10023 G06354 DOB: 3/17/54	Specialty: Family Physician/General Practitioner Effective Date: 6/19/96 Period of Exclusion: Indefinite	Anthony R. Wilson Specialty: Chiropractor 12 Floreal Land Lane Westbury, NY 11590 U52464 DOB: 5/17/61	Specialty: Chiropractor Period of Exclusion: Indefinite Effective Date: 4/10/96
Marie L. Pehush Specialty: Chiropractor 727 Main St. Spring Valley, NY 10977 U34251 DOB: 7/22/52	Specialty: Chiropractor Period of Exclusion: Indefinite Effective Date: 6/19/96		

Pennsylvania

Jerome M. Barnhart Specialty: Dentist Road 1, Box 501-E McClellandtown, PA 15458 T89048 DOB: 8/4/62	Specialty: Dentist Period of Exclusion: Indefinite Effective Date: 5/2/96
Christa Corporation DBA The Medicine Shoppe 56 Charles St. Uniontown, PA 15401	Specialty: Pharmacist/Pharmacy Period of Exclusion: 5 years Effective Date: 5/2/96

Shirley M. Conigy
202 Charles St.
Ebensburg, PA 15931
DOB: 8/31/38

Specialty: Clerk/ Other clerical
Period of Exclusion: 10 years
Effective Date: 6/9/96

Bruce W. Cooperman
2743 Solly Ave.
Philadelphia, PA 19152
U19005
DOB: 4/16/58

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Arthur L. Cullen
R D #1, Box 383
Uniontown, PA 15401
DOB: 6/19/49

Specialty: Owner/ Operator
Period of Exclusion: 10 years
Effective Date: 6/9/96

Renee Deliere
149 Farmcrest Dr.
Cecil, PA 15321
DOB: 5/27/60

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 6/9/96

George A. Dileo
56 Charles St.
Uniontown, PA 15401
DOB: 1/27/52

Specialty: Pharmacist/Pharmacy
Period of Exclusion: 12 years
Effective Date: 4/10/96

Harold I. Farber
1511 Hampton Blvd.
Reading, PA 19604
D67981
DOB: 8/26/16

Specialty: Family Physician/General Practitioner
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Lori Gralowski
173 Pennwood Ave. Apt 3
Pittsburgh, PA 15218
DOB: 2/2/59

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Jay R. Greiner
601 S. 80th St.
Harrisburg, PA 17111
DOB: 8/12/52

Specialty: Physician Assistant
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Pamela L. Hadley
1727 W. Erie Ave.
Philadelphia, PA 19140
B41901
DOB: 7/29/57

Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Chad M. Kammerer
1087 Old Gate Rd.
Pittsburg, PA 15235
DOB: 9/2/63

Specialty: Dentist
Period of Exclusion: 10 years
Effective Date: 5/2/96

Arthur R. Konialian
3405 Tyson Rd.
Newtown Square, PA 15235
DOB: 8/5/57

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Barbara Koval
1410 Hayes St.
Homestead, PA 15120
DOB: 5/15/58

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Sharon Mershon
331 Pacific Ave.
Erie, PA 16506
DOB: 12/10/46

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Roger L. Miller
44 Maple St.
Gettysburg, PA 17325
DOB: 7/8/35

Specialty: Owner/ Operator
Period of Exclusion: 5 years
Effective Date: 6/9/96

Jack Minutella
1629 Porter St.
Philadelphia, PA 19145
D98535
DOB: 7/20/30

Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Harold R. Sands
228 W. Minor St.
W. Chester, PA 19382
DOB: 5/11/30

Specialty: Psychologist
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Francis W. Shaffer
36 N. Old Trail
Selinsgrove, PA 17870
T28922
DOB: 7/31/30

Specialty: Chiropractor
Period of Exclusion: 10 years
Effective Date: 4/10/96

Ruediger Turner
Rd #2, Box 362
Cogan Station, PA 17728
DOB: 9/9/44

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Joan Louise Vineup
Rd #1, Box 234A
New Park, PA 17352
DOB: 11/10/55

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Thomas J. Wasilko
2800 Willard St.
White Oak, PA 15131
U29418
DOB: 7/16/56

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Eliot S. Weintz
12401 Academy Rd.
Philadelphia, PA 19154
T75808
DOB: 12/6/56

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 4/10/96

Westview Enterprises, Inc.
900 Porter Ave.
Scottdale, PA 15683

Specialty: Skilled Nursing Facility
Period of Exclusion: 10 years
Effective Date: 6/9/96

Michele Yates
18B Carothers
Turtle Creek, PA 15145
DOB: 4/14/56

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 5/2/96

Rhode Island

Carol A. Martin
4600 Post Rd. #9
E. Greenwich, RI 02818
C90470
DOB: 10/14/52

Specialty: Psychiatrist
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Gladys Kimber Mcborrough
123 Laurel Hill Ave.
Providence, RI 02909
DOB: 7/2/57

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 6/9/96

John D. Pitts
53 Baileys Ledge
Little Compton, RI 02837
C90544
DOB: 11/3/27

Specialty: Surgeon
Period of Exclusion: Indefinite
Effective Date: 6/9/96

Kenneth J. Vieira
73 Washington Ave.
Riverside, RI 02915
DOB: 5/16/45

Specialty: Employee (Non-Gov't)
Period of Exclusion: 5 years
Effective Date: 6/9/96

Provider/Supplier Reinstatement Actions

Connecticut

Vladimir Coric
12 Military Hwy.
Gales Ferry, CT 06335

Specialty: Psychiatrist
Sanction Date: 4/18/90
Reinstatement Date: 5/8/96

Massachusetts

David P. Gibbs
180 Shawmut Ave. #404
Boston, MA 02118

Specialty: Pharmacist/Pharmacy
Sanction Date: 11/8/94
Reinstatement Date: 5/22/96

Irod J. Lindsay
256 Ashmont St.
Dorchester, MA 02124

Specialty: Dentist
Sanction Date: 12/21/89
Reinstatement Date: 4/17/96

Jan P. Urkevic
330 Washington Ave.
Brookline, MA 02146

Specialty: Family Physician/General Practitioner
Sanction Date: 8/16/95
Reinstatement Date: 3/18/96

Maine

Maile Jean Roper
616 Forest Ave.
Portland, ME 04101

Specialty: Osteopath
Sanction Date: 3/14/96
Reinstatement Date: 3/14/96

New Jersey

Pankja Anand Agrawal
2991 Chestnut Ave.
B-16 Hårten
Vineland, NJ 08360

Specialty: Family Physician/General Practitioner
Sanction Date: 7/18/85
Reinstatement Date: 3/22/96

Cesar P. Atienza
1812 Corlies Ave.
Neptune, NJ 07753

Specialty: Family Physician/General Practitioner
Sanction Date: 5/2/91
Reinstatement Date: 5/2/96

Anthonia O. Eruchie
13 Highland Ave.
Maplewood, NJ 07040

Specialty: Pharmacist/Pharmacy
Sanction Date: 2/17/94
Reinstatement Date: 11/16/95

Debora M. (Cruz) Goldstein
36-7A Farmhouse Lane
Morristown, NJ 07960

Specialty: Chiropractor
Sanction Date: 12/18/93
Reinstatement Date: 4/24/96

David C. Harrigan
506 S. Shore Rd.
Absecon, NJ 08201

Specialty: Chiropractor
Sanction Date: 10/10/95
Reinstatement Date: 3/11/96

New York

Melvin E. Anthony
788 Columbus Ave. Apt. #7-0
New York, NY 10025

Specialty: Osteopath
Sanction Date: 2/16/95
Reinstatement Date: 5/23/96

Donald Briggs
170 E. 79th St.
New York, NY 10021

Specialty: Hematologist
Sanction Date: 9/3/92
Reinstatement Date: 3/1/96

Julian Scott Davis
5 Sutton Lane
Hewlett, NY 11557

Specialty: Podiatrist
Sanction Date: 3/17/91
Reinstatement Date: 3/17/96

Fred Diaz
3376 Fenton Ave. Apt 2E
Bronx, NY 10469

Specialty: Family Physician/General Practitioner
Sanction Date: 4/25/96
Reinstatement Date: 5/10/96

Edward F. Farkas
1252 E. 8th St.
Brooklyn, NY 11230

Specialty: Dentist
Sanction Date: 2/13/96
Reinstatement Date: 4/25/96

Tobias Kalestein
535 Valley View Park
Middletown, NY 10940

Specialty: Pharmacist/Pharmacy
Sanction Date: 11/22/90
Reinstatement Date: 5/16/96

Raphael Kellman
130 W. 67th St. #2B
New York, NY 10023

Specialty: Family Physician/General Practitioner
Sanction Date: 3/14/96
Reinstatement Date: 3/14/96

Fritz Metellus
1011 Nameoke St.
Far Rockaway, NY 11691

Specialty: Family Physician/General Practitioner
Sanction Date: 2/13/96
Reinstatement Date: 3/20/96

Gary W. Shaw
109 Saint Mark's Pace
New York, NY 10009

Specialty: Family Physician/General Practitioner
Sanction Date: 12/18/95
Reinstatement Date: 5/13/96

Pennsylvania

Pamela L. Hadley
1727 W. Erie Ave.
Philadelphia, PA 19140

Specialty: Osteopath
Sanction Date: 4/10/96
Reinstatement Date: 4/16/96

John F. Horvat
728 S. 2nd St.
Philadelphia, PA 19147

Specialty: Family Physician/General Practitioner
Sanction Date: 10/24/89
Reinstatement Date: 4/11/96

Jay Pollock
151 Kirk Dr.
Huntingdon Vall, PA 19006

Specialty: Pharmacist/Pharmacy
Sanction Date: 4/6/89
Reinstatement Date: 5/1/96

Stuart J. Shephard
1206 Mifflin St.
Philadelphia, PA 19148

Specialty: Family Physician/General Practitioner
Sanction Date: 12/20/95
Reinstatement Date: 5/1/96

Steven S. Silverhardt
2901 Island Ave.
Philadelphia, PA 19153

Specialty: Dentist
Sanction Date: 4/4/88
Reinstatement Date: 3/4/96

Rhode Island

Peter J. Normann
630 Smithfield Rd. #812
N. Providence, RI 02904

Specialty: Family Physician/General Practitioner
Sanction Date: 3/14/96
Reinstatement Date: 3/14/96