

DME Medicare News

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

No. 33

UNITEDhealthcare™

March, 1997

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

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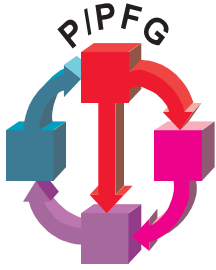
Spring '97 Continuing Education Workshops

The Region A DMERC will be providing a series of one-day Continuing Education Workshops for the supplier community. The topics for this round of workshops are: Nebulizer/Oxygen, Surgical Dressings/Urological Supplies, Vision, and Basic Billing/CMNs. The workshops will begin in April and conclude in May. For more information refer to page 19 of this newsletter.



1997 Fee Schedule Notice

In the 1997 Fee Schedule that was mailed with the December 1996 *DME Medicare News*, the fees for Maine and Massachusetts were inadvertently switched. Please make the appropriate changes to your copy of the fee schedule.



Product/Process Focus Groups

In order to continually improve our service to the supplier community and produce a more consistent processing product, some process and procedure changes are being made in DMERC A. One outcome of these changes is Ombudsmen being reassigned accountability by product group. We expect to provide more consistent service and information through this specialization approach. As the assignment changes occur, you will be kept fully informed. The Ombudsmen reassignment has not yet occurred, but we wanted to let you know what was coming. Below is a list of the different groups that will be focused upon:

Respiratory

O2 Supplies/Equipment
Nebulizers
CPAP/BIPAP
Suction Pumps
Tracheostomy Supplies
IPPB
Ventilators

Orthotics and Prosthetics

Lower/Upper Limb Orthosis
Spinal Orthosis
Lower/Upper Limb Prosthesis
Orthopedic Footwear
Diabetic Shoes
Orthotic/Prosthetic Repair
Dynamic Splints

Nutrition/Pharmacy

Enteral Nutrition
Infusion Pumps
Immunosuppressive Drugs
Parenteral Nutrition
Oral Anti-Cancer
Oral Antiemetic
Dialysis Equipment/Supplies/EPO

Mobility

Wheelchairs
Walkers
Canes/Crutches
Repairs/DME
Seat Lift Mechanisms
Power Operated Vehicle
Seating Systems

Supports

Hospital Beds Accessories
Trapeze Bars
Commodes/Bed Pans/Urinals
Support Surfaces
Patient Lifts
Traction

Specialized DME

Heat/Cold Application
Investigational Devices
CPM and Neuromuscular Stimulator
TENS & Osteogenic Bone Stimulator
Vision - Lenses & Prosthesis
Impotence Aid
Voice Prosthesis
Glucose Monitors
Lymphedema Pumps
Ostomy & Urologicals
Surgical Dressings
Breast Prosthesis
Maxillofacial/Miscellaneous DME

Over the next few months, Professional Relations will issue several supplier notices that will explain in detail our Product/Process Focus Group initiative. Supplier notice information may be retrieved from the Bulletin Board System (BBS), Automated Response Unit (ARU), and through your State Supplier Associations (NEMED, JAMES, PAMS, and NYMEP). This initiative will be discussed at our upcoming seminars (April 7 through May 5, 1997).

Billing

Loaner Wheelchairs

When billing for a loaner wheelchair, HCPCS code E1399 should be used. Documentation for E1399 should include manufacturer name, model number, and a brief statement of why this chair is medically necessary for this patient. Up to one month's use of a loaned wheelchair is covered by Medicare.

New Drug Quantity for Methotrexate 2.5 mg

Effective with claims received on or after April 1, 1997 for dates of service on or after January 1, 1997, Methotrexate 2.5 mg oral 1 tab, per unit manufactured by Schein is assigned the NDC Number/Code 00364-2499-36; Quantity 36. This code must be used on claims submitted to the DMERC.

Reminder

When billing miscellaneous codes, be sure to include the manufacturer name, model number, and a brief statement of why the item is medically necessary.

Chiropractors Prescribing DMEPOS

Medicare regulations do not allow for coverage of a service when a chiropractor is the prescribing physician. Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) are, therefore, not covered when prescribed by a chiropractor.

Surgical Dressings

When billing the following surgical dressing codes, include the brand name and product number for pricing purposes. These dressings are based on individual consideration and may be **denied for lack of this information.**

A6198	A6205	A6206	A6208
A6213	A6215	A6218	A6221
A6228	A6230	A6239	A6250
A6256	A6261	A6262	A6404

Medicare Secondary Payer

The Health Care Financing Administration (HCFA) has extended until June 30, 1997 the time period to file initial claims for services between August 10, 1993 and September 30, 1994 affected by ESRD and Medicare Secondary Payment due to the OBRA '93 law.

Therapeutic Shoes for Diabetics: Provider Titles

The DMERC Regional Medical Review Policy, "Therapeutic Shoes for Diabetics," refers to three different types of individuals (physicians and/or suppliers) involved in the prescribing and supply of therapeutic shoes to beneficiaries: (1) certifying physician; (2) prescribing physician; (3) supplier.

The certifying physician provides the medical care for the beneficiary's diabetic condition. Only an M.D. or D.O. may sign the certifying statement that the patient has diabetes mellitus and one of the resultant foot conditions listed in the policy making such shoes reimbursable by Medicare. The certifying physician cannot be a podiatrist. The certifying statement (such as the recommended DMERC Statement of Certifying Physician for Therapeutic Shoes (previously published in the December 1994 issue of the *DME Medicare News*, this form has been reprinted on the next page)) must be kept on file by the ultimate supplier of the shoes.

The prescribing physician actually writes the order for the therapeutic shoe, modifications and inserts. The prescribing physician may be a podiatrist, M.D., or D.O. The prescribing physician may also be the supplier of the shoe. If the prescribing physician is the supplier of the items, a separate order is not necessary, though the patient's record must clearly document what has been furnished.

The supplier is the person or entity that actually furnishes the shoe, modification, and/or insert to the beneficiary and that bills Medicare. The supplier may be a podiatrist, pedorthist, orthotist, prosthetist, or other qualified individual. The prescribing physician may be the supplier. The certifying physician may not be the

supplier unless he/she is practicing in a defined rural area or a defined health professional shortage area. The supplier must have on file both a statement from the certifying physician and an order from the prescribing physician, before the items may be furnished.

This bulletin serves as a clarification of already existing policy and is in response to many questions that have arisen over the relationships originally established therein. No new restrictions are being introduced, and therefore, there is no need of a notification period.

Statement of Certifying Physician for Therapeutic Shoes

Patient name: _____

HIC #: _____

I certify that all of the following statements are true:

- 1) This patient has diabetes mellitus.
- 2) This patient has one or more of the following conditions (circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
- 3) I am treating this patient under a comprehensive plan of care for his/her diabetes.
- 4) This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____

Date signed: _____

Physician name (printed): _____

Physician address: _____

Pricing

1997 Allowables for New HCPCS Codes

	CT	DE	MA	ME	NH	NJ	NY	PA	RI	VT
A4255	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73
A4353	6.58	6.58	6.58	6.58	6.58	6.58	6.58	6.58	6.58	6.58
A4365	10.78	10.78	10.78	10.78	10.78	10.78	10.78	10.78	10.78	10.78
A4368	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
A4481	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31
A6217	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
E0159NU	16.11	16.11	16.11	16.11	16.11	16.11	16.11	16.11	16.11	16.11
E0159RR	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61
E0159UE	12.39	12.39	12.39	12.39	12.39	12.39	12.39	12.39	12.39	12.39
E0370NU	24.80	24.80	24.80	24.80	24.80	24.80	24.80	24.80	24.80	24.80
E0370RR	2.49	2.49	2.49	2.49	2.49	2.49	2.49	2.49	2.49	2.49
E0370UE	18.61	18.61	18.61	18.61	18.61	18.61	18.61	18.61	18.61	18.61
K0452NU	6.21	6.21	6.21	6.21	6.21	6.21	6.21	6.21	6.21	6.21
K0452RR	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
K0452UE	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58
L2039	1600.16	1600.36	1600.16	1600.16	1600.16	1600.16	1600.16	1600.36	1600.16	1600.16
L2430	69.73	70.16	69.73	69.73	69.73	69.73	69.73	70.16	69.73	69.73
L2755	93.72	93.89	93.72	93.72	93.72	93.72	93.72	93.89	93.72	93.72
L5814	2679.13	2679.52	2679.13	2679.13	2679.13	2679.13	2679.13	2679.52	2679.13	2679.13
L5987	5190.24	5190.67	5190.24	5190.24	5190.24	5190.24	5190.24	5190.67	5190.24	5190.24
L8417	53.72	53.95	53.72	53.72	53.72	53.72	53.72	53.95	53.72	53.72

1997 Glucose Monitor Allowables

E0607NU	63.73	63.73	63.73	63.73	63.73	63.73	63.73	63.73	63.73	63.73
E0607RR	6.37	6.37	6.37	6.37	6.37	6.37	6.37	6.37	6.37	6.37
E0607UE	47.78	47.78	47.78	47.78	47.78	47.78	47.78	47.78	47.78	47.78

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage.

Medical Policy

Nebulizer Policy Update

Following are changes, corrections, clarifications and billing instructions relating to the DMERC Regional Medical Review Policy (RMRP) for Nebulizers, published in the Supplier Manual, revision 2. Revision 2 was included with the December *DME Medicare Newsletter*.

Changes

❑ Pharmacists Claims for Nebulizer Drugs

Because pharmacists may not be able to readily ascertain the nebulizer compressor/generator the patient is using with the nebulizer drugs being dispensed, it will not be necessary to include compressor/generator HCPCS codes on their claims for these drugs. This paragraph is being removed from the published policy.

❑ E0575

Large volume ultrasonic generators (E0575) will **not** be covered under the new DMERC nebulizer RMRP, unless payment for the equipment was made by a local carrier prior to transition to the DMERC. Because this represents a change to the policy published in December, 1996, it will become effective with dates of service on or after July 1, 1997. (No new E0575s will be paid for dates of service on or after April 1, 1997.) All accessories and supplies associated with denied E0575s will also be denied. Monthly rentals of units placed with DOS prior to April 1, 1997, will continue to be reimbursed until July 1, 1997.

When submitting claims for grandfathered E0575s previously approved by local carriers, the initial claim will have to be submitted hard-copy, with a copy of documentation demonstrating previous payment for the equipment by the local carrier.

Clarifications

The purpose of clarifications in published policy is to facilitate better understanding of policy content within the supplier community. As such, clarifications involve no new changes or additions to policy, and therefore, require no notification period.

❑ Dispensing Fee and Saline

A dispensing fee (Q0132) should not be billed for the dispensing of saline either as a diluent (J7051 or K0283) or for humidification treatment (K0182 or K0529).

❑ Extra Physician Narrative Documentation

Those situations for which additional physician documentation are required with the claim are when (1) more than the usual maximum monthly quantity of nebulized medications are billed; (2) more than one beta-adrenergic bronchodilator is billed within the same period of time; (3) more than one anticholinergic bronchodilator is billed within the same period of time. This additional physician documentation should be in narrative form, from the physician, and not on a supplier-generated form (for example, check lists).

❑ Grandfathering of Appropriate Accessories

The policy states that accessories for grandfathered equipment are covered. However, this applies to accessories that are considered appropriately related to the grandfathered equipment (compressors/generators) according to the DMERC RMRP.

Billing Instructions

❑ Small Volume Ultrasonic Nebulizers

Code K0270 for small volume ultrasonic nebulizers is effective for dates of service on or after April 1, 1997. It is in the capped rental payment category. Claims for dates of service prior to April 1, 1997 may have been filed using code E1399 or E0575. If the supplier has billed claims for dates of service prior to April 1, 1997, they must switch to code K0270 for any claims billed with dates of service (DOS) on or after April 1, 1997. They should file claims as though the item had been a capped rental item prior to April 1, 1997. For example:

- ❑ If they have already billed 15 or more months using any code with DOS prior to April 1, 1997, they should submit no further claims for DOS on or after April 1, 1997. The item would be considered to have capped out under the rental option. Maintenance and servicing could be billed beginning 6 months after the last rental claim submitted.
- ❑ If they have already billed 10-14 months with DOS prior to April 1, 1997, they should proceed as though the patient had elected the rental option, billing code K0270RRKJ through the 15th month. (This is the 15th month counting all billed rental months both before and after April 1, 1997, regardless of the code used.)
- ❑ If they have billed 1-9 months with DOS prior to April 1, 1997, they should continue the billing with K0270RR for DOS on or after April 1, 1997 using the KI or KJ modifiers as appropriate. The supplier must offer the rent/purchase option to the beneficiary during the 10th rental month. (This is the 10th month counting all billed rental months both before and after April 1, 1997.)

Code E0575 can be used *to bill* for dates of service on or after April 1, 1997 only for a large volume ultrasonic nebulizer (*though it will be denied for DOS on or after July 1, 1997*). The only known nebulizer in this category is the Ultra-Neb by DeVilbiss. If a supplier or manufacturer thinks that another product meets the definition of this code, they should contact the SADMERC for a coding determination in writing. Other ultrasonic nebulizers must be billed using code K0270 for DOS on or after April 1, 1997.

Proposed Nebulizer Equipment Coding Guide

The DMERCs, in cooperation with the Statistical Analysis DMERC (SADMERC), intend to publish in the September 1997, *DME Medicare Newsletter*, a coding guideline which will list those products currently available on the market, which fulfill the requirements defined in the nebulizer policy allowing them to be billed using the following codes:

E0565 A pneumatic aerosol compressor which can be set for pressures above 30 psi at a flow rate of 6-8 liters/minute, and is capable of continuous operation.

K0269 A pneumatic aerosol compressor which can be set for pressures above 30 psi at a flow rate of 6-8 liters/minute, but is capable only of intermittent operation.

K0501 A portable compressor which delivers a fixed, low pressure and is used with a small volume nebulizer. It must have battery or DC power capability and may have an AC power option.

Suppliers who feel the particular nebulizer compressors for which they bill the DMERCs qualify for these three codes, are encouraged to contact these products' manufacturers, who should submit their compressors' technical specifications to the SADMERC by June 1, 1997.

Only products listed in the September 1997 coding guideline may be billed using either of these codes thereafter. If a compressor for which a supplier is billing is not included on this list, it may only be billed with HCPCS code E0570. Prior to the guideline's publication, suppliers must still abide by the coding definitions contained in the published nebulizer policy, which becomes effective for dates of service on or after April 1, 1997. If suppliers have questions about the proper coding of their equipment, they should contact the SADMERC for coding determinations. After publication of the nebulizer coding guideline, manufacturers, whose products fail to appear on the list for E0565, K0269 or K0501, and feel that they should be included, may at any time submit their product information to the SADMERC for consideration of inclusion in future updates to the guideline.

Vacuum Erection System

The Vacuum Erection System, HCPCS code K0163, for dates of service prior to January 1, 1997 and code L7900 for dates of service January 1, 1997 and after is used for organic impotence. Many claims for these devices do not have diagnostic information that relates to organic impotence. We are unable to determine necessity without this information and recommend that it be included with each claim. It is also recommended that a secondary diagnosis be provided to identify the cause of the impotence.

Electronic Media Claims

Important EMC Numbers

Bulletin Board

- Non-Participating Suppliers: 717-735-9515
- Participating Suppliers: 800-842-5713
- Remittance BBS: 717-735-9451

EMC Help Desk

717-735-9429 (Please note NEW number)

Railroad Medicare - Electronic Claim Submission

If you've been submitting paper claims for your Railroad Medicare patients, consider this:

Would you like to receive claim payments in 14 days rather than 30?

Would you like the option of having claim payments transferred electronically to your office bank account?

Take advantage of the benefits of Railroad Medicare's electronic claim submission program. Call United Health-Care today to learn how its software and technical support can help you save time and money for your practice!

Contact David Greene at:

United HealthCare - Railroad Medicare
P.O. Box 10066
Augusta, GA 30999-0001

Phone: (706) 855-3078
Fax: (706) 855-3085
Email: rrbga@ix.netcom.com

New Remittance BBS

The Region A DMERC has moved all Electronic Remittance Notices (ERNs) and Weekly Status files to a new BBS. This remittance BBS can be reached by dialing 717-735-9451. The system will be unavailable between 1:30 a.m. and 4:30 a.m. for remittance retrieval and distribution. We have implemented this change in an effort to distribute phone workloads, decrease busy signals and quicken response times on the primary BBS. This new BBS is strictly for file retrievals and no file

upload or message privileges will be granted on this system. If you have any questions regarding the new remittance BBS, please contact the EMC Unit.

BBS Mail Bulletins

On January 13, 1997, procedures were set in place to keep Mail Bulletins only for 6 months from the date of issue on the BBS. After receiving a new message on the BBS, we suggest that you print a copy for your records. This new procedure will significantly reduce the logon time required to reach the main menu.

Electronic Remittance Notices - ERN

The Region A DMERC is currently returning ERN files in version 1.04 or 2.00. If you are currently using a vendor software and would like to start receiving ERNs, contact the EMC department.

Options To Check Claim Status

The two options the Region A DMERC has available to electronic submitters to check claims status are:

On-Line Claim Status

The on-line claim status is available to any provider that submits claims electronically to the Medicare Region A DMERC office. This system will allow your office to verify assigned claims status at your convenience during business hours (8:00 a.m. to 4:15 p.m.). This capability is accessed through the IBM Information Network (IIN also referred to as ADVANTIS) via an asynchronous connection.

Weekly Status Report

Suppliers are able to access the weekly status report through the toll number (717-735-9451) on the Remittance BBS. This report shows all assigned pending claims that are processing in our system. The weekly status report is updated every weekend and is available to download every Monday.

To be setup for either one or both of these options, contact the EMC Help Desk.

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 to be set up. Once you are set up for sending zipped files, 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 since January of 1996. The acknowledgment reports are now ending with an AKS extension. Genacks2 is Region A DMERC's free print program. If you are using Region A DMERC'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 contact the EMC Help Desk at 717-735-9429.

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) via File Transfer Protocol (FTP). We will continue to support all current Protocols as well. Questions regarding this subject may be directed to the EMC unit.

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 30 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 Acknowledgment to all requesting providers in response to flat file submissions. The Functional Standard Format Acknowledgment is an alternate file layout specification developed by HCFA. All four DMERCS will support this file format. If you are interested in receiving the file layout for this report, please contact the EMC Support Team at 717-735-9429.

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.

Supplemental Insurance

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

If your Supplemental 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 Supplemental Insurance in this case. A complete list of OCNA Numbers is contained in your Supplier Manual.

Medicare Secondary Payer

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 Region A DMERC's Accelerate software, please contact the EMC Unit. 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 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 the EMC Help Desk.

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 Oxygen 484 form (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

Biller Code Rejects

Region A DMERC only accepts the first six digits (biller code) of your NSC number in fields BA0-02, BA0-09 and YA0-02. All ten digits of your NSC number are required in field FA0-23. Files will be rejected through a secondary edit if any of these fields are incorrect. The EMC unit must be notified if you will be billing for more than one NSC number. Failure to notify us will also cause your claims to be rejected by the same secondary edits. Questions regarding biller code rejects can be directed to the EMC unit.

Interested in a Cost-Effective and Accurate Method of Submitting DMEPOS Claims?

Electronic billing can be 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 on the next page, 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 to 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 and your signed agreement returned to us, 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 717-735-9429.



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:

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

United HealthCare Insurance Company
 DMERC Region A
 Attn: EMC Department
 FAX Number: 717-735-9510

If you have specific questions, please call 717-735-9429.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 9, 1997

Supplier Notice 97-01

Supplier Notices

Effective Monday, January 13, 1997, Mail Bulletins that are provided to the supplier community via the Bulletin Board System (BBS) will only be available for 6 months from the date of issue. After receiving a new message on the BBS, we suggest that you print a copy for your records. This new procedure will significantly reduce the logon time required to reach the main menu.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 17, 1997

Supplier Notice 97-02

EMC Help Desk Number Changed

Effective Thursday, January 23, 1997, the EMC help desk phone number will be 717-735-9429.

Please note: In the event that you dial the old EMC phone numbers, 717-735-9519, 735-9528, 735-9532, 735-9517, your call will automatically be routed to the new help desk phone number.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 17, 1997

Supplier Notice 97-03

Claim Status Inquiries

Did you know our office is able to obtain **unlimited** claims status information via our Audio Response Unit (ARU)? Currently, if your office calls our telephone representative for claims status inquiry you are limited to 3 inquiries per telephone call. **Effective January 20, 1997, all claims status inquiries will be handled through the Audio Response Unit (ARU) which accommodates unlimited claim status inquiries.** By using the ARU for claim status inquiries, our telephone representatives will be more readily available to assist your office with more complex questions regarding Medicare. If your office requests claim status inquiries from a telephone representative, you will be referred to our Audio Response Unit for this information. To access our ARU call 717-735-9445.

The ARU is simple to use and can be accessed from 7:00 a.m. to 12:00 a.m., Monday through Friday. The system provides ongoing instructions to help you with your selections. When you become familiar with the ARU, you can move more quickly through the script and skip the recording.

Before calling the ARU please have the following information:

- Your 10-digit Medicare supplier number (NSC number)
- Patient's Medicare number (health insurance claim #)
- Date of service

Other options available for EMC submitters are:

- On-line Claim Status

On-line claim status will allow you to check on assigned claim status, Monday - Friday, 8:00 a.m. to 4:15 p.m., through the Advantis Network.

- Weekly Status Report

This report is available through the toll number on the Bulletin Board System (BBS).

Weekly status report shows all the assigned pending claims that are processing in our system. The report is updated weekly, and is available every Monday.

If you would like to be set up for either of these options, please contact our EMC help desk at 717-735-9519, 9532, 9528, 9517, until January 22, 1997. After January 22, the EMC help desk number will be changed to 717-735-9429.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 23, 1997

Supplier Notice 97-04

New Remittance BBS

Effective February 10, 1997, suppliers, billing services, and clearinghouses that currently retrieve Electronic Remittance Notice files and Weekly Status files from the Bulletin Board System (BBS) must retrieve them from our new Remittance BBS. The new dial-up number is 717-735-9451. This new Remittance BBS has been implemented to help improve system performance of the Production BBS and relieve phone line congestion from the Production BBS. The new Remittance BBS is strictly for the retrieval of Electronic Remittance Notice files and Weekly Status files. No upload or message privileges will be granted on this BBS. On February 10, 1997, the Production BBS will no longer provide new Electronic Remittance Notice files and Weekly Status files and will delete all current files by Friday, February 14, 1997. The Remittance BBS has been running since January 13, 1997 and is currently up to date with remittance information. Please convert as soon as possible. You will continue to use the Production BBS to send claim files, retrieve acknowledgment files and use the messaging options to communicate with the DMERC. If you have any questions regarding the new Remittance BBS or ERN and Weekly Status files, please contact the EMC Help Desk at 717-735-9429.

BBS Phone Numbers:

Non-Par	717-735-9515	Production, Acknowledgments, Messages
Par	800-842-5713	Production, Acknowledgments, Messages
Remittance	717-735-9451	ERNs and Weekly Status files

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 23, 1997

Supplier Notice 97-05

EMC Help Desk Hours

Effective Monday, January 27, 1997, the EMC help desk hours will be 8:00 a.m. to 4:00 p.m., Monday through Friday. You may reach the EMC help desk at 717-735-9429 during normal business hours.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 23, 1997

Supplier Notice 97-06

The BBS 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 question forms for MSP/Accounting and the Professional Relations Departments. This list will be expanding to include other departments at 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 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 to us via the BBS mail system or by calling the EMC Unit.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 6, 1997

Supplier Notice 97-07

Spring '97 Continuing Education Workshops

The Region A DMERC is providing a series of one-day Continuing Education Workshops for the Supplier Community. The topics for this round of workshops are: Nebulizer/Oxygen, Surgical Dressing/Urological Supplies, Vision, and Basic Billing/CMNs. Workshop materials and lunch will be provided.

Workshop Agenda

Registration	8:30 a.m. - 9:00 a.m.	
Workshop 1	9:00 a.m. - 12:30 p.m.	Nebulizer/Oxygen Policies
Workshop 2	9:00 a.m. - 12:30 p.m.	Surgical Dressings/Urological Supplies
Lunch	12:30 p.m. - 1:30 p.m.	
Informal Discussion	1:30 p.m. - 2:00 p.m.	General Update
Workshop 3	1:30 p.m. - 4:00 p.m.	Vision
Workshop 4	1:30 p.m. - 4:00 p.m.	Basic Billing/CMNs

To Register

Complete the following registration form and return it to United HealthCare, Region A DMERC, with the appropriate **NON-REFUNDABLE** registration fee of **\$50.00 per person**.

Make checks payable to United HealthCare and mail with your completed registration form to the addresses below. The deadlines for registration are as follows:

<i>March 25, 1997</i>	<i>All New York State Workshops</i>
<i>April 1, 1997</i>	<i>All Pennsylvania Workshops and New Jersey Workshops</i>
<i>April 16, 1997</i>	<i>All New England Workshops</i>

All registrations must be postmarked by the dates listed above for those workshops. Any registration that we receive postmarked after those dates will not be accepted and returned to those Suppliers.

Regular Mail

Attn. Workshop Registration
 United HealthCare
 Region A DMERC
 PO Box 6800
 Wilkes-Barre, PA 18773-6800

Overnight Delivery

Attn. Workshop Registration
 United HealthCare
 Region A DMERC
 60 East Main Street
 Nanticoke, PA 18634

The DMERC reserves the right to cancel any workshop. If this occurs, you will be notified and your registration fee will be refunded.

Workshop Locations

Date	City/State	Location	Phone
April 7	Rochester, NY	Rochester Marriott Thruway 5257 W. Henrietta Road	716-359-1800
April 9	Saratoga Springs, NY	Sheraton Saratoga Springs Hotel and Conference Center, 534 Broadway	518-584-4000
April 11	East Elmhurst, NY	LaGuardia Marriott 102-05 Ditmars Blvd.	718-565-8900
April 14	Greensburg, PA	Sheraton Inn Greensburg 100 Sheraton Drive, Rte. 30 East	412-836-6060
April 16	Cherry Hill, NJ	Sheraton Inn Cherry Hill 1450 Route 70 East, N.J. RTE.70 & I-295	609-428-2300
April 18	Sayre, PA	Guthrie Inn & Conference, 255 Spring St.	717-888-7711
April 23	Atlantic City, NJ	Resorts Casino Hotel 1133 Boardwalk	609-344-6000
April 28	Wilkes-Barre, PA	East Mountain Inn 2400 East End Blvd.	717-822-1011
April 28	Portland, ME	Holiday Inn By the Bay Hotel and Conference Center 88 Spring St.	207-775-2311
April 30	West Lebanon, NH	Radisson Inn - North Country Interstate 89 Exit 20 @ Airport Road	603-298-5906
May 2	Milford, MA	Radisson Hotel Milford 11 Beaver St.	508-478-7010
May 5	Hartford, CT	Sheraton Hartford 315 Trumbull St.	203-728-5151

Note: If you do not receive your confirmation within 5 days of the workshop you have registered for, please call our Professional Relations Unit at 717-735-9406.

Parking Information: *When reserving workshop facilities, we do our best to choose locations with ample, cost-free parking. Unfortunately, cost-free parking is not always available. Please phone the meeting facility for specific information regarding location and possible parking fees.*



Registration Form

Company Name _____

Provider Number _____

Submitter Number (Billing Services Only) _____

Phone Number _____

Address _____

City & State of Workshop You Wish to Attend _____

Number Attending _____

Contact Name _____

Please check which Workshop you wish to attend:

_____ Workshop 1 - Nebulizer/Oxygen

_____ Workshop 2 - Surgical Dressings/Urological Supplies

_____ Workshop 3 - Vision

_____ Workshop 4 - Basic Billing/CMNs

Amount Enclosed _____

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 6, 1997

Supplier Notice 97-08

Electronic Remittance Notices (ERN)

Attention: Suppliers Receiving Electronic Remittance Notices (ERN)

Effective February 10, 1997, ERNs will be available on the remittance BBS (717) 735-9451 for a period of 10 days. After 10 days, the ERN files will be deleted from the system and will not be recreated. Please note, if you have problems downloading you must contact your software vendor immediately. Team EMC will work with your vendor to help resolve these problems **within the 10 day period**. If you have any questions regarding this policy, please contact the EMC help desk at (717) 735-9429.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 7, 1997

Supplier Notice 97-09

Clarification for Billing Deluxe Frames

The following example is the correct way to bill for deluxe frames that cost \$150.00. In this example, the standard frames would have cost \$50.00. The deluxe frames were provided on December 1, 1996.

Block 24A Date of Service	Block 24D Procedure/HCPCS	Block 24F \$ Charges	Block 24G Days or Units
12/1/96	V2020	\$ 50.00	1
12/1/96	V2025	\$100.00	1

The procedure code V2020 and the submitted charge represents the charge for standard frames; which are a covered service when the coverage criteria as outlined in the refractive lens policy is met. The procedure code V2025 with the charge submitted of \$100.00 represents the difference between the cost for the deluxe frames and the standard frames. The \$100.00 charge for the deluxe frames will be denied with remark code PR-46, for both assigned and nonassigned claims.

PR - Patient Responsibility

46 - This (these) service(s) is (are) not covered

Billing the total charge of \$150.00 under procedure code V2025 is incorrect and will be denied. By following the above example, the Medicare allowance for the least costly alternative, the standard frames (V2020), can be made and the difference for the deluxe frames (V2025) can be charged to the patient.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 12, 1997

Supplier Notice 97-10

Correction - Coding

The December 1996 issue of the "DME Medicare News" (page 7) contained an error for code A4321. Under "New Codes for 1997" the code A4231 is incorrectly listed for the descriptor—Therapeutic agent for urinary catheter irrigation. The correct code is **A4321—Therapeutic agent for urinary catheter irrigation.**

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 12, 1997

Supplier Notice 97-11

Billing Reminder - "From" and "To" Dates

This notice is a reminder to our electronic billers. The Region A DMERC recently published a list of the most common errors we find with electronic billing submissions in the December 1996 "DME Medicare News." The third item on this list are service dates (FA0 5.0 & 6.0) for capped rental items. We continue to receive electronic claims with different "from" and "to" dates for capped rental items. When billing electronically for these items, the "from" and "to" service dates should be the same. The number of services should be one.

Please review pages 25 and 26 of the December 1996 "DME Medicare News" for the complete list of common errors with electronic billing.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 12, 1997

Supplier Notice 97-12

Bulletin Board System (BBS) Availability

The bulletin board system is available for transmission of claims 7 days a week with the following exceptions:

12 midnight to approximately 6 a.m.**

7 a.m. to approximately 8 a.m.

1 p.m. to approximately 2 p.m.

**This time may vary due to maintenance needs

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: February 14, 1997

Supplier Notice 97-13

Correction to Supplier Notice 97-07

Supplier notice 97-07, Spring '97 Continuing Education Workshops, contained a typographical error in the times for Workshops 3 & 4. The correct times for those workshops to begin is **2:00 p.m.** not 1:30 p.m. as printed.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: November 12, 1996

Supplier Notice 96-46

Do Not Forward

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
PO Box 100142
Columbia, SC 29202-3142
(803) 754-3951

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: December 31, 1996

Supplier Notice 96-47

Correction - Ostomy Deodorant September 1996 DME Medicare News

Please note the following correction to the article on Ostomy Deodorant found on page 10 of the September 1996 issue of the "DME Medicare News":

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, 1997. Code XX006 will continue to be valid for dates of service prior to October 1, 1996.

Please make this correction in your newsletter.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: December 13, 1996

Supplier Notice 96-48

1997 DMEPOS Fee Schedule and December Issue of DME Medicare News

As of today, December 13, 1996, the 1997 DMEPOS Fee Schedule and the December issue of "DME Medicare News" is available for your convenience on the Region A DMERC BBS (Bulletin Board System).

The 1997 DMEPOS Fee Schedule File is now available on HCFA's Home Page on the Internet. This data can be retrieved from the Home Page free of charge. The instructions are listed below for accessing HCFA's Home Page.

1. Go to <http://www.hcfa.gov>
2. Select the Stats & Data link.
3. Select the Browse/Download link under the Public Use Data Files (PUFs) heading.
4. Select the Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule link under the Payment Rates — Non-Institutional Providers heading.
5. Download the file according to your browser's instructions.

Please Note: Revision # 2 of the Supplier Manual will be available on the Bulletin Board on Tuesday, December 17, 1996. This contains the Nebulizer Policy and the following updated policies: Lower Limb Prosthesis, Urological Supplies, Ostomy Supplies, and Surgical Dressings.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC Professional Relations
Date: December 27, 1996

Supplier Notice 96-49

Payment for Durable Medical Equipment (DME) Repairs Under Warranty

The Region A DMERC would like to remind the provider community that claims billed for repairs of durable medical equipment under manufacturer's or supplier's warranty are not allowed. Claim processing procedures to detect billing for maintenance and service of repairs covered under warranty will be enforced.

Section 5102.2g of the Medicare Carriers Manual states, "reasonable and necessary charges include only those made for parts and labor that are not otherwise covered under a manufacturer's or supplier's warranty."

Claims for repairs of durable medical equipment should be billed in accordance with this guideline.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: December 31, 1996

Supplier Notice 96-50

Reminder for Billing K0115 - K0116

The following is a reminder when billing for codes K0115 - K0116, which can be found in the wheelchair policy section of the *Region A Supplier Manual*.

Claims for codes K0115 - K0116 must be submitted hard copy. Documentation must include the patient's diagnosis and description of the spinal problem, a description of the features of the orthosis and medical necessity of each, and an explanation of why a seating system alone and/or a prefabricated spinal orthotic is not adequate for the patient. There must be a statement of the number of hours per day that the patient is expected to be in the wheelchair. If the orthotic has a brand name/model number, that should be stated. If not, the claim should include a photograph of the device, a brief description of materials used, and an estimate of the fabrication time.

If you are an EMC submitter: Hard copy documentation must be submitted 48 hours prior to claim submission. This information can be faxed to:

717-735-9594
Attn: Sandra Evans

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: December 31, 1996

Supplier Notice 96-51

Billing Supplies for Osteogenic Stimulator

Supplies used in conjunction with the osteogenesis stimulator have specific HCPCS codes. The supplies with their specific codes are listed below:

HCPCS Code	Description of Item
A4556	Electrodes
A4557	Lead Wires
A4558	Conductive Paste or Gel
E1399	DME miscellaneous code - use this code for replacement batteries for the osteogenesis stimulator

The E1399 code should include a word description of replacement battery for osteogenesis stimulator.

Following the above guidelines will assure your company claims are processed correctly and timely.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 2, 1997

Supplier Notice 96-52

Clarification on Medical Policy Updates

Correction to the previous Supplier Notice 96-52

The previous notice contained a typographical error, please disregard that notice and replace it with this corrected copy.

The supplier manual includes the most current medical policies. Articles in the newsletters are published to provide updated information to the most current medical policies.

A new medical policy is not developed solely due to changes in HCPCS codes, documentation requirements, fee category changes, etc.

The most current information should be utilized for billing.

An example of this was the CPAP policy published in the revised supplier manual. The policy was effective October 1993, and has not been revised since that time. Therefore, the original policy was published in the revised supplier manual. The February 1994 newsletter referenced changes in the reclassification of the CPAP codes. These changes supersede the original policy dated October 1993, therefore, this information should be adhered to when submitting claims for CPAP.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 2, 1997

Supplier Notice 96-53

Resolving Claims Denied as Duplicates

Correction to the previous Supplier Notice 96-53

The previous notice contained a typographical error, please disregard that notice and replace it with this corrected copy.

- 269 - This is a duplicate of a charge we are currently processing. We will send you another notice shortly.
- 270 - This is a duplicate of a previously processed bill or charge.
- 271 - This is a duplicate of a charge we have processed.
- CO - Contractual obligations
- 18 - Duplicate claim/service

A claim submitted for a particular procedure code and date of service will be denied as a duplicate claim if the same procedure code and date of service was previously paid. If an incorrect number of units was billed on the original claim, a review must be requested indicating the corrected number of units. A resubmittal with the corrected units will only result in a duplicate denial.

This also applies to billing procedure codes and dates of services that are the same when one service is for the left side and one is for the right side. The two services should not be billed on separate claims as the second claim may be denied as a duplicate. In this situation, the correct way to bill would be to use the **LT** and **RT** modifiers and indicate 2 units of service.

Supplier Notice

To: Region A Supplier Community
From: Region A DMERC - Professional Relations
Date: January 1, 1997

Supplier Notice 96-54

Clarification on Assigned Claims

The following information is being provided to clarify the nature and effect of assignment.

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.

The example below clarifies the assignment of claims:

The submitted charge equals	\$100.00
The Medicare allowable equals	\$ 50.00
The coinsurance (20% of the Medicare allowable)	\$ 10.00

The supplier accepting assignment can only collect the \$10.00 coinsurance from the beneficiary and any unmet deductible. The supplier can not collect the difference between the submitted charge and the Medicare allowable.

Fall 1996 Seminar

DMERC Questions and Answers

Q. What is the correct way to bill when providing two of the same item?

A. Items of the same procedure code that are provided on the same date of service should be billed on one line with the units of service as 2.

Q. What information should be included in the HA0 record (documentation record) for EMC claims?

A. Information necessary to adjudicate the claim should be included in the HA0 record. If the documentation cannot be included in the HA0 record, the additional documentation procedure which was published in provider notice 96-18 and in the March 1996 edition of *DME Medicare News* should be followed. Entering information in the HA0 record that is not necessary to adjudicate the claim will only delay the processing of your claims.

Q. Would it be beneficial to submit separate claims if more than one item was provided on the same date of service?

A. All services that are provided on one specific date of service should be billed on the same claim. Separating items on multiple claims may cause unnecessary denials of your claims.

Q. What is meant by a "clean" and "dirty" claim?

A. Any claim that has been through the initial adjudication process and has not had additional investigation or development is considered to be a "clean" claim.

A claim is considered to be "dirty" if additional external investigation/development is needed to adjudicate the claim. This may include information requested through auto correspondence letters or telephone inquiries made from our medical or telephone inquiry unit.

Q. What information should be entered in block 29 (amount paid) on the 1500 form?

A. The total amount the patient paid on the covered services only should be entered in this field. Entering information that is not correct in this field will result in incorrect processing of your claim.

Q. What is the time frame that the Accounting Department has to respond to a Suppliers' request?

A. The Accounting Department has a time frame of thirty days from the date of receipt to respond to a supplier request.

Q. Large companies who have multiple locations are not given enough time to respond to a refund letter. Is there any way the DMERC can accommodate a request for an extension of this time period?

A. All companies are given thirty days to respond to a refund request. If the issue cannot be responded to by mail within thirty days, suppliers may request an immediate offset by faxing a request to our Accounting Department at (717) 735-9594.

Q. The information provided by the Customer Service representatives is not always consistent. How can I get consistent information from this unit?

A. Questions are answered based on the information given to the representative. Please be specific and detailed to prevent misinterpretation of the question. Be sure to give the representative all of the necessary information to answer the question. Telephone calls made to this unit are checked for quality. If you are not satisfied with the information you receive, you should ask to speak with a supervisor. Electronic submitters can also address and receive answers to their questions via the Bulletin Board.

Q. What are the best times to reach the Customer Service unit?

A. The best time to contact the Customer Service unit is between the hours of 8:00 a.m. and 9:00 a.m. and 10:30 a.m. and 1:00 p.m. Lower call volumes during these times will allow for prompt access to a customer service representative. If you are calling for claim status, the automated response unit (ARU) is available for this information.

Q. How do I determine when to contact the National Supplier Clearinghouse (NSC) or the Statistical Analysis Durable Medical Equipment Carrier (SADMERC)?

A. Refer to the quick reference sheet that is located on the next page for the NSC/SADMERC.

Q. Are acknowledgments sent on faxed reviews?

A. All reviews that are faxed into the DMERC are logged when received. Acknowledgment letters are not sent on faxed reviews. The fax confirmation would be considered your acknowledgment.

Quick Reference Guide NSC/SADMERC

The following should be referred to the NSC:

- ❑ Supplier enrollment completion of the application HCFA-192 form. Assistance is available at (803) 754-3951 from 8:00 am to 8:00 p.m. Monday through Friday.
- ❑ Changes or updates to previously furnished information on the HCFA-192 form. All changes must be reported to the NSC no later than 35 days after the changes occur.
- ❑ These changes can include any information on the form such as ownership/management, tax information, person authorized to submit claims, name of business etc.

To request the change of address form call (803) 754-3951 or write to:

Palmetto Government Benefits Administrators
National Supplier Clearinghouse
P.O. Box 100142
Columbia, SC 29201-3142

Participation Questions

To become a participating provider, how to change participation, and mailing of agreement:

NSC
National Supplier Clearing House
P.O. Box 100142
Columbia, SC 29202-3142
(803) 754-3951

The following should be referred to the SADMERC:

Correct coding issues:

- ❑ **Product classification list** - questions concerning why products have been classified as they are or why a product is not on the list.
- ❑ **New technology** - issues concerning creation of new HCPCS codes for new products.

HCPCS Unit
P.O. Box 100143
Columbia, SC 29202-3143

HCPCS Hotline
(803) 736-6809
9:00 am to 12:00 p.m.
1:00 p.m. to 4:00 p.m.
Monday through Friday

Miscellaneous

“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. Help your patients understand the Medicare Program by referring them to “Your Medicare Center” where knowledgeable employees of the federal government will provide information, education, and problem resolution services through direct beneficiary contact.

Your staff can refer Medicare beneficiaries and their families with questions about Medicare to this office for one-to-one assistance on a variety of Medicare issues. For example, your patients can receive information about preventive 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 your patients 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 Vladock. "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 your patients 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 for you and your staff to refer Medicare beneficiaries and their families to the Center for information and answers about Medicare. Furthermore, if you are interested in having information on this valuable service available to your patients, 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.

Electronic Funds Transfer - EFT

Electronic Funds Transfer (EFT) is a long established technology that is widely used because it is more reliable and less expensive than mailing paper checks. Paper checks travel through the mail, and need

to be clerically processed in your office, deposited and then cleared by the bank.

On the other hand, with EFT, Medicare determines the amount that needs to be paid on your claim and electronically notifies Citibank of the amount. At this point, Citibank sends the payment to your bank, who in turn deposits the funds in your account, whether it is a checking or savings account.

- No U.S. mail involved
- No deposit forms to fill out and balance
- No trips to the bank to make deposits
- No waiting period for the checks to clear before the funds are available

Now that all the requirements have been lifted for electronic fund transfer, both electronic and paper submitters can have their money automatically deposited in their bank.

If you are a provider and would like to receive information on Electronic Funds Transfer, contact the EMC department at 717-735-9429 or Provider Services at 717-735-9445 and an information packet will be mailed to you.

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 29201-3142

The physical location of the NSC is:

2501 Faraway Drive
Columbia, SC 29223

Your Medicare Supplier Number could be subject to revocation if you fail to notify the NSC of a change in your address.



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.



Program Integrity

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.



Connecticut

Sherwood Anderson
6 Gurley Rd.
East Lyme, CT. 06798
DOB: 1/12/34

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Juana Batista-Perez
FCI Danbury, Rte. 37
Danbury, CT. 06811
DOB: 1/31/57

Specialty: Owner/ Operator
Period of Exclusion: 15 years
Effective Date: 10/31/96

Shirley Bush
475 Upper Grasse Hill
Woodbury, CT. 06798
DOB: 9/21/32

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Candace Crandall
90 Leffingwell Rd.
Apt. A-3
Uncasville, CT. 06382
DOB: 10/29/48

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Philadelpo Guevarra
133 Old Woodbury Rd.
Southbury, CT. 06422
E06447
DOB: 9/4/41

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Kathleen Keenan
35 Tamanny Trail
PO Box 3464
Danbury, CT. 06606
DOB: 5/1/50

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Patricia Louder
104 N. Stoneridge Rd.
Bridgeport, CT. 06606
DOB: 8/14/62

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Cheryl Peluse
214 Blohm St., #3
West Haven, CT. 06516
DOB: 9/10/66

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Michael A. Spielmann
82 Talcott Ave.
Vernon Rockville, CT. 06066
DOB: 5/14/51

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Massachusetts

Virginia G. Bones
118 North Rd.
Westfield, MA. 01085
DOB: 11/18/44

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Lori A. Bontempi
75 Parsons St., Apt. J
Easthampton, MA. 01027
DOB: 3/4/61

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Robert J. Cotreau
78 Warren Ave.
Malden, MA. 02148
DOB: 10/12/58

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Brenda R. Fadden
76 Hanks St.
Lowell, MA. 01852
DOB: 7/10/64

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Lori A. Fitzsimmons
22 Roosevelt St.
Maynard, MA. 01754
DOB: 7/10/61

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Stephen Craig Gillard
255 Cedar St.
Dedham, MA. 02026
DOB: 4/4/61

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Ronald A. Goldstein
7 Clydesdale Rd.
N. Chelmsford, MA. 01863
DOB: 12/29/46

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Christine J. Healey
136 Somerset Ave.
Winthrop, MA. 02152
DOB: 1/25/51

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/11/96

Pamela D. Jackson
10 Rockwell St., Apt. 4C
Dorchester, MA. 02124-4436
DOB: 5/3/59

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Joyce A. Jandl
141C Searsville Rd.
S. Dennis, MA. 02660
DOB: 5/10/41

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Lynne K. Laneau
Tall Oaks Dr., Apt. 506
S. Weymouth, MA. 02190
DOB: 10/26/51

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Michael R. Linville
174 Broadway St.
Somerville, MA. 02145
T68885
DOB: 5/25/53

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 9/11/96

Marianne Mazzilli
63 Lake St.
Weymouth, MA. 02189
DOB: 8/5/56

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Maureen E. McGowan
175 Center St.
Apt. 1308
Quincy, MA. 02169
DOB: 2/19/66

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Ruth M. Nelson
10 Apple La.
Bridgewater, MA. 02379
DOB: 4/11/56

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Melinda Nichols
107R Essex Ave.
Gloucester, MA. 01930
DOB: 12/22/64

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Frederic E. Oder
30 Western Ave.
Gloucester, MA. 01930
A36580
DOB: 5/22/42

Specialty: Psychiatrist
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Denise M. Sawyer
36 Magnolia Ave.
Billerica, MA. 01821
DOB: 6/30/59

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Claudette Sullivan
3 Church St.
Mattapoisett, MA. 02739
DOB: 8/5/39

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Maine

Karen M. Sanborn
337 Upper Ridge Rd.
Fairfield, ME. 04937
DOB: 7/7/73

Specialty: Nurse/Nurses Aide
Period of Exclusion: 3 years
Effective Date: 10/29/96

New Hampshire

Lawson F. Brouse
22 Pleasant St.
Salem, NH. 03079
DOB: 8/13/50

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Mary A. Forzley
10 Beech St.
Franklin, NH. 03235
DOB: 6/10/54

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Laurence E. Levine
East Rd.
Hampstead, NH. 03841
B99566
DOB: 3/8/51

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Laura M. Moyer
44 Garrison Condos
Dover, NH. 03820
DOB: 9/7/60

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 10/29/96

New Jersey

Stephen K. Alexander
663 Maine Ave.
Passaic, NJ. 07307
T31343
DOB: 3/13/47

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 11/7/96

American Medical Services
1 Alpha Ave., Suite #27
Voorhees, NJ. 08043

Specialty: Medicine Practice
Period of Exclusion: Indefinite
Effective Date: 9/10/96

Stephen Lee Ancier
21 Brookfield Rd.
PO Box 43451
Upper Montclair, NJ. 07043
DOB: 1/5/47

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Daniel Ben-Amoz
502 Mohawk Terr.
Clifton Park, NJ. 12065
DOB: 5/20/58

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Carl Dubovy
11 Pippins Way
Morristown, NJ. 07960-6990
C56229
DOB: 6/28/33

Specialty: Allergist
Period of Exclusion: Indefinite
Effective Date: 10/10/96

Ronald C. Galinsky
34 Dunhill Dr.
Voorhees, NJ. 08043-2508
DOB: 8/13/41

Specialty: Psychologist
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Gasim Ibrahim
340 Fairmount
Jersey City, NJ. 07306
DOB: 10/25/63

Specialty: Owner/ Operator
Period of Exclusion: 5 years
Effective Date: 9/11/96

Mary Ann Luongo
253 Ave. B
Bayonne, NJ. 08869
DOB: 5/4/54

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 11/7/96

Alan Lupinacci
228 Rifle Camp Rd.
W. Paterson, NJ. 07543
C55193
DOB: 6/17/46

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Rodney S. Matz
43 Macdonald Ave.
Wayne, NJ. 07470
DOB: 2/6/42

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

John J. Mirrione
326 Georgia Court
Washington Township, NJ. 08080
DOB: 10/30/61

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Michael A. Murphy
1205 3rd Ave.
Asbury Park, NJ. 07712
DOB: 8/21/60

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 11/7/96

Ebere N. Onyekaha
13 Highland Ave.
Maplewood, NJ. 07040
DOB: 11/14/58

Specialty: Pharmacist/Pharmacy
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Jonathan W. Parker
38-27 Fairlawn Ave.
Fairlawn, NJ. 07410-4325
DOB: 4/6/54

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Kanu Raval
600 Pavonia Ave.
Jersey City, NJ. 07306
DOB: 6/6/47

Specialty: Pharmacist/Pharmacy
Period of Exclusion: 5 years
Effective Date: 9/5/96

John W. Schermer
52 Dwight Place
Englewood, NJ. 07631
D06808
DOB: 9/15/31

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Lauren R. Spaight
59 W. End Ave.
Newark, NJ. 07106
DOB: 1/16/60

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 11/7/96

Enzo J. Venanzi
19 Greensway
Blackwood, NJ. 08012
C52914
DOB: 9/29/27

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Dennis S. Verbaro
384 Main St.
Chester, NJ. 07930
T91016
DOB: 1/9/51

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

New York

Earle F. Alexander
368 Clermont Ave.
Brooklyn, NY. 11238
C08673
DOB: 4/2/29

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Amyrellis L. Ando
139 Basket Rd.
Webster, NY. 14580
DOB: 12/27/45

Specialty: Business Manager
Period of Exclusion: 15 years
Effective Date: 9/10/96

Teodoro A. Ando
139 Basket Rd.
Webster, NY. 14580
C30312
DOB: 7/1/44

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 15 years
Effective Date: 9/10/96

Ali Asad
54 Hills St.
Staten Island, NY. 10312
DOB: 10/15/56

Specialty: Owner/ Operator
Period of Exclusion: 10 years
Effective Date: 9/5/96

Muhammad Anwar Asif
123-33 83rd Ave.
Apt. 504
Kew Gardens, NY. 11415
DOB: 9/14/57

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

Robert Binenfeld
4 Woodland Rd.
Monroe, NY. 10950-4408
A63138
DOB: 6/5/39

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 11/7/96

Barry Irving Bloom
PO Box 20796
Columbus Circle
New York, NY. 10023
T50039
DOB: 2/15/39

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Jacqueline Bowman
866 Kipling Dr.
Yorktown Hgts, NY. 10598
DOB: 3/9/64

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

Arthur Buonaspina 2655 Richmond Ave. Staten Island, NY. 10314 F63148 DOB: 8/16/52	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: Indefinite Effective Date: 11/7/96	Gencer Filiz 35 Seacoast Terr. Apt. 9V Brooklyn, NY. 11235 A60272 DOB: 8/26/13	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: 5 years Effective Date: 9/9/96
Alan M. Burke c/o 2631 Lyons Rd. Geneva, NY. 14456-9301 DOB: 9/4/47	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: Indefinite Effective Date: 9/5/96	Annette Gallardo 50 N. Harrison Ave., #15 Congers, NY. 10920 DOB: 8/1/46	Specialty: Owner/ Operator Period of Exclusion: 5 years Effective Date: 9/9/96
Carleton Dental Group, PC 109 Carleton Ave. Central Islip, NY. 11727	Specialty: Dental Practice Period of Exclusion: Indefinite Effective Date: 9/5/96	Cinina M. Gervasi 429 E. Park Ave. Long Beach, NY. 11561 T53114 DOB: 8/23/61	Specialty: Chiropractor Period of Exclusion: Indefinite Effective Date: 9/9/96
Edmund L. Carloni 300 F. High Point Dr. Hartsdale, NY. 10530 B10875 DOB: 4/10/25	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: 3 years Effective Date: 9/11/96	Gerson Gomes 45-25 Kissena Blvd. Flushing, NY. 11355 C08490 DOB: 2/9/47	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: 4 years Effective Date: 9/9/96
Central Care, Inc. 50 N. Harrison Ave. #15 Congers, NY. 10920	Specialty: DME/Gen. Period of Exclusion: 5 years Effective Date: 9/9/96	Emmelin Griffiths 118 N. Fifth Ave. Mt. Vernon, NY. 10550 DOB: 2/29/40	Specialty: Nurse/Nurses Aide Period of Exclusion: 5 years Effective Date: 9/5/96
Henry V. Chace 21504 15th Rd. Bayside, NY. 11360-1214 E71182 DOB: 3/27/28	Specialty: Osteopath Period of Exclusion: Indefinite Effective Date: 9/5/96	Natalie V. Hutchen 186D Donovan Dr. Buffalo, NY. 14211 DOB: 1/29/62	Specialty: Nurse/Nurses Aide Period of Exclusion: 5 years Effective Date: 9/5/96
Dean M. Christman 1700 Buffalo Rd., #B Rochester, NY. 14624 DOB: 5/30/51	Specialty: Dentist Period of Exclusion: Indefinite Effective Date: 11/7/96	Joan Isherwood 38 Seneca Ave. White Plains, NY. 10602 DOB: 10/30/32	Specialty: Nurse/Nurses Aide Period of Exclusion: 5 years Effective Date: 9/5/96
Anthony N. Conti 1719-B N. Ocean Ave. Medford, NY. 11763 E61190 DOB: 10/21/56	Specialty: Osteopath Period of Exclusion: Indefinite Effective Date: 9/9/96	Charles H. Kite 11 Loudon Hgts South Loudonville, NY. 12211 DOB: 8/15/49	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: Indefinite Effective Date: 9/5/96
Mauro V. DiBenedetto 110 N. Cedar St. Massapequa, NY. 11758 DOB: 7/31/65	Specialty: Dentist Period of Exclusion: Indefinite Effective Date: 9/9/96	Lubov T. Klimova 1684 77th St. Brooklyn, NY. 11214 A59983 DOB: 9/13/48	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: 3 years Effective Date: 9/9/96
Theo Dorion 86-28 109th St. Richmond Hill, NY. 11418 DOB: 6/27/29	Specialty: Family Physician/Gen. Practitioner Period of Exclusion: 1 years Effective Date: 9/9/96	Samuel Lassoff 920 Park Ave. New York, NY. 10028 DOB: 6/5/46	Specialty: Neurologist Period of Exclusion: Indefinite Effective Date: 11/7/96
Alan Feldman 2129 Beverly Way Merrick, NY. 11566 DOB: 2/8/55	Specialty: Optician Period of Exclusion: 5 years Effective Date: 9/5/96	Rashil Lobachevskaya 495 E. 7th St., Apt. 2C Brooklyn, NY. 11218 DOB: 5/7/25	Specialty: Sales/Marketing/Retailing Period of Exclusion: 5 years Effective Date: 9/5/96

Muhammad A. Malick
1 Club Dr., 3DL
Woodmere, NY. 11598
DOB: 5/10/56

Specialty: Technician
Period of Exclusion: 5 years
Effective Date: 9/5/96

Debra K. Marable
249 Ringgold St.
Peekskill, NY. 10566
DOB: 5/31/57

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

Nurses Now Agency, Inc.
931 Sipp Ave.
E. Patchogue, NY. 11772

Specialty: Home Health Agency
Period of Exclusion: 5 years
Effective Date: 9/5/96

Jose R. Orellana
1233 Leland Ave.
Bronx, NY. 11219
E83654
DOB: 12/23/58

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 11/7/96

Peter J. Ortiz
356 Noble St.
Elmira, NY. 14901
DOB: 6/22/56

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

Alvin Pile
3481 Fish Ave.
Bronx, NY. 10469
DOB: 11/19/42

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 11/7/96

Galina Proskurovskaya
300 Ocean Pkwy.
Apt. 4S
Brooklyn, NY. 11218
DOB: 4/27/36

Specialty: Sales/Marketing/Retailing
Period of Exclusion: 5 years
Effective Date: 9/5/96

Alexander Resnansky
Rural Rte. 3, Box 312-K
Richfield Spring, NY. 13439
DOB: 7/21/64

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Luis Rivas
919 East 163 St.
Bronx, NY. 10459
C11209
DOB: 9/3/50

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 4 years
Effective Date: 9/9/96

Jeffrey L. Roberts
52 Woodlawn Ave.
Buffalo, NY. 14209
DOB: 6/24/66

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

Christian Schooler
AKA Peter Christopher
425 West 23rd St.
New York, NY. 10011
E56266
DOB: 9/27/50

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Timothy Slavin
131 Tulip Ave.
Floral Park, NY. 11001
DOB: 1/5/58

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 9/9/96

Menicos Spartalis
153 Clinton St.
Brooklyn, NY. 11201
A64804
DOB: 5/14/47

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Harry W. Ullrich
705 Bondside Dr.
White Plains, NY. 10607
DOB: 2/8/38

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

Julian Ungar-Sargon
30 East 40th St.
Suite 100
New York, NY. 10016
A67579
DOB: 3/6/50

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Raisa Vainer
2313 East 27th St.
Brooklyn, NY. 11229
DOB: 8/16/39

Specialty: Sales/Marketing/Retailing
Period of Exclusion: 5 years
Effective Date: 9/5/96

Angelo Volpe
10 Priory Ct.
Melville, NY. 11747
A63839
DOB: 11/6/56

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 5 years
Effective Date: 9/5/96

David Robert Wesser
923 Saw Mill River Rd.
Ardsley, NY. 10502
DOB: 9/29/33

Specialty: Surgeon
Period of Exclusion: Indefinite
Effective Date: 9/5/96

Pennsylvania

Kenneth Beggs
c/o 1760 Market St.
Philadelphia, PA. 19103
DOB: 8/18/49

Specialty: Business Manager
Period of Exclusion: 10 years
Effective Date: 9/10/96

Erin Cooper
926 Augusta St.
Sunbury, PA. 17801
DOB: 5/21/59

Specialty: Nurse/Nurses Aide
Period of Exclusion: Indefinite
Effective Date: 11/10/96

James A. Dale
9186 Landis La.
E. Greenville, PA. 18041-2532
C33460
DOB: 6/24/44

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 11/10/96

Dominic W. Dileo
452 Braddock Ave.
Uniontown, PA. 15401
C28555
DOB: 5/10/48

Specialty: Cardiologist
Period of Exclusion: 15 years
Effective Date: 11/10/96

Anthony Drenzo
1118 Bristol Pike
2nd Fl.
Bensalem, PA. 19020
T29501
DOB: 7/8/53

Specialty: Chiropractor
Period of Exclusion: 3 years
Effective Date: 11/4/96

Ivan Hamberg
201 Ironwood Cir.
Elkins Park, PA. 19117
U07740
DOB: 2/11/34

Specialty: Optometrist
Period of Exclusion: 10 years
Effective Date: 9/10/96

Mehtab Husain
734 Terrace Dr.
Lewisburg, PA. 17837
U54354
DOB: 10/15/64

Specialty: Dentist
Period of Exclusion: Indefinite
Effective Date: 11/10/96

Widad J. Jafar
1978 Linden La.
Whitehall, PA. 18052
U24501
DOB: 12/19/62

Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 9/10/96

Cynthia L. Ketterer
1901 Sansom St.
Philadelphia, PA. 19103
DOB: 1/24/60

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: Indefinite
Effective Date: 9/10/96

Daryl Levin
3223 Chesterton Ct.
Bensalem, PA. 19020
R06938
DOB: 11/15/54

Specialty: Physical Therapist
Period of Exclusion: 3 years
Effective Date: 11/10/96

Michael D. Noll
5500 Greenvillage Rd.
Chambersburg, PA. 17201
U01150
DOB: 2/22/62

Specialty: Chiropractor
Period of Exclusion: Indefinite
Effective Date: 11/10/96

Howard Schreiberstein
816 Redwing La.
Huntingdon Valley, PA. 19006
T29804
DOB: 9/14/49

Specialty: Podiatrist
Period of Exclusion: 10 years
Effective Date: 11/10/96

Tito Bascon Trinidad
PO Box 1000
#10912-068
Lewisburg, PA. 17837
B36512
DOB: 9/2/39

Specialty: Family Physician/Gen. Practitioner
Period of Exclusion: 10 years
Effective Date: 11/10/96

John P. Walker
307 State St.
Johnstown, PA. 15902
DOB: 5/27/66

Specialty: Dentist
Period of Exclusion: 10 years
Effective Date: 11/10/96

Rhode Island

Michael W. Seamans
107 Taber Ave.
Providence, RI. 02906
F71949
DOB: 5/30/62

Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 10/29/96

Vermont

Rosemary Baldasaro
83 Main St.
Brattleboro, VT. 05301
DOB: 2/24/47

Specialty: Nurse/Nurses Aide
Period of Exclusion: 5 years
Effective Date: 10/29/96

Provider/Supplier Reinstatement Actions

Michael A. Fuentes
32 Lake Dr.
Darien, CT. 06820

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 10/10/94
Reinstatement Date: 10/22/96

Omprakash Pillai
250 Oak St.
S. Windsor, CT. 06074

Specialty: Internist/Internal Medicine
Sanction Date: 6/9/96
Reinstatement Date: 10/9/96

Massachusetts

Gerald S. Franklin
20 Teaberry La.
Amherst, MA. 01002

Specialty: Psychiatrist
Sanction Date: 6/5/95
Reinstatement Date: 10/10/96

New Jersey

American Medical Services
1 Alpha Ave., Ste. #27
Voorhees, NJ. 08043

Specialty: Medical Practice
Sanction Date: 9/10/96
Reinstatement Date: 10/15/96

Stephen Lee Ancier
21 Brookfield
PO Box 4351
Upper Montclair, NJ. 07043

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 9/9/96
Reinstatement Date: 9/26/96

Steven Brigham
1 Alpha Ave., Ste. #27
Voorhees, NJ. 08043

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 10/10/96
Reinstatement Date: 10/15/96

Bruce W. Cooperman
77 Briscoe Terr.
Hazlet, NJ. 07730

Specialty: Podiatrist
Sanction Date: 6/9/96
Reinstatement Date: 9/9/96

Lisa V. Gaines
93 Lawrence La.
New Brunswick, NJ. 08901

Specialty: Optometrist
Sanction Date: 6/19/96
Reinstatement Date: 10/2/96

Robert O'Brien
11 Summit Ct.
Clementon, NJ. 08021

Specialty: Chiropractor
Sanction Date: 7/3/96
Reinstatement Date: 7/30/96

Kevin Leo Parks
823 Trenton Ave.
Point Pleasant, NJ. 08742

Specialty: Chiropractor
Sanction Date: 7/3/96
Reinstatement Date: 7/3/96

New York

Mohammed Akhtar
90 Rockaway Pkwy.
Valley Stream, NY. 11580

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 7/22/91
Reinstatement Date: 8/1/96

Mahmood Alam
23 Woodhill La.
Glenhead, NY. 11545

Specialty: Pharmacist/Pharmacy
Sanction Date: 4/10/95
Reinstatement Date: 10/10/96

Robert A. Jarman
385 Knickerbocker Ave.
Brooklyn, NY. 11237

Specialty: Chiropractor
Sanction Date: 6/1/90
Reinstatement Date: 10/1/96

Jose L. Martinez-Roura
941 55th St.
Brooklyn, NY. 11219

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 3/14/96
Reinstatement Date: 8/16/96

James E. Washington
2996 Bailey Ave.
Buffalo, NY. 14215

Specialty: Dentist
Sanction Date: 6/1/90
Reinstatement Date: 10/1/96

John R. Moy
92-30 213th St.
Queens Village, NY. 11428

Specialty: Podiatrist
Sanction Date: 2/13/96
Reinstatement Date: 9/25/96

Marie L. Pehush
727 N. Main St.
Spring Valley, NY. 10977

Specialty: Chiropractor
Sanction Date: 6/19/96
Reinstatement Date: 7/31/96

Michael A. Silverstein
64 Fulton St.
New York, NY. 10038

Specialty: Chiropractor
Sanction Date: 9/8/93
Reinstatement Date: 9/12/96

Sam Thompson
1065 W. Church St.
Elmira, NY. 14905

Specialty: Family Physician/Gen. Practitioner
Sanction Date: 8/13/96
Reinstatement Date: 8/13/96

Pennsylvania

Gary J. Fischer
2349 James Dr.
Pittsburgh, PA. 15237

Specialty: Pharmacist/Pharmacy
Sanction Date: 7/17/87
Reinstatement Date: 9/6/96

George L. Weber
801 Charette Rd.
Philadelphia, PA. 19115

Specialty: Osteopath
Sanction Date: 8/8/96
Reinstatement Date: 8/8/96