DMERC
Medicare
News

DMERC Region A Service Office • P.O. Box 6800 • Wilkes-Barre, PA 18773-6800 • Phone (570) 735-9445 • www.medicare-link.com
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## Region A DMERC Summer 2000 Seminars - DMERC 101

### Mark your calendars – the summer 2000 DMERC 101 seminar schedule is set!

DMERC 101 will be covering the basic billing information that new suppliers and new office staff will need to understand in order to submit claims to the DMERC. Topics to be covered in DMERC 101 are: HCFA-1500 Form, Certificates of Medical Necessity (CMNs), Fraud and Abuse, Electronic Billing, and DMERC updates.

Please note: there is no registration fee for these seminars. The DMERC reserves the right to cancel any seminar. If this occurs, you will be notified by telephone. ***Please do not contact the meeting facility for seminar information; contact the Region A DMERC at 570-735-9406.***

**Location**

Educational Conference Center
Luzerne County Community College
Prospect Street
Nanticoke, PA 18634

**Dates**

Thursday, August 3, 2000

Thursday, August 10, 2000

Friday, August 18, 2000

Friday, August 25, 2000

For more information, visit our web site at:
www.medicare-link.com.

**Agenda**

| | |
|---|---|
| 8:30 AM – 9:00 AM | Registration |
| 9:00 AM – 10:00 AM | HCFA-1500 Form |
| 10:00 AM – 10:30 AM | EDI |
| 10:30 AM – 11:00 AM | Documentation |
| 11:00 AM – 12:00 PM | Certificates of Medical Necessity (CMN) |
| 12:00 PM – 1:00 PM | Lunch (Lunch **will not** be provided.) |
| 1:00 PM – 2:00 PM | DMERC Updates |
| 2:00 PM – 3:00 PM | Fraud and Abuse |
| | Questions and Answers |

## Announcement from United HealthCare

As you know, United HealthCare announced, earlier this year, that it is withdrawing from the Medicare Program. We would like to take this opportunity to update you on the latest transition activities.

Over the past few weeks, HCFA announced HealthNow NY (Blue Cross and Blue Shield of Western New York) as the replacement contractor for the Region A DMERC contract, and Palmetto Government Benefits Administrators as the replacement contractor for the national Railroad Medicare contract. For additional information on these contractors, visit their web sites at www.healthnowny.com for HealthNow, and www.pgba.com for Palmetto GBA.

United HealthCare looks forward to working with the new contractors to ensure a smooth and transparent transition for you. We will continue to keep you informed of upcoming events, including the transition date, when it is determined.

William J. Bannon
Vice President – Government Operations

*(continued on page 3)*

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### DMERC Region A Contacts

| | | | |
|---|---|---|---|
| United HealthCare Region A DMERC | (570) 735-9400 | Hearings Voice Mail | (570) 735-9513 |
| United HealthCare Region A DMERC Fax | (570) 735-9402 | Medicare Secondary Payer (MSP) | (570) 735-9001 |
| Accounting | (570) 740-9002 | National Supplier Clearinghouse | (803) 754-3951 |
| Accounting / MSP Fax | (570) 735-9594 | Professional Relations Fax | (570) 735-9442 |
| Beneficiary Help Line | (570) 735-7383 | Professional Relations | (570) 735-9666 |
| Beneficiary Toll Free Help Line | (800) 842-2052 | Program Integrity Toll Free Line | (888) 697-7849 |
| EDI Fax | (570) 735-9510 | Reconsiderations Fax | (570) 735-9599 |
| EDI Help Desk | (570) 735-9429 | SADMERC | (803) 736-6809 |
| Hearings Fax | (570) 735-9422 | Supplier Help Line | (570) 735-9445 |

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*The Region A DMERC will no longer be charging a fee for its seminars due to recent changes in HCFA policy. The DMERC had charged fees in the past in order to offset the cost of holding the seminars in hotel facilities convenient to large numbers of suppliers. In order to comply with this policy, the DMERC is offering the summer 2000 seminars only in Nanticoke, PA. Please keep this in mind while reviewing the seminar flyers.*

*Parking Information*

Free parking is available.

## How to Register

Complete the registration form below and mail your registration to the appropriate address as noted below.

**All attendees must be pre-registered. Due to limited space, registration is on a first come, first served basis. In the event that a particular seminar is filled to capacity, you will be notified by telephone and given the opportunity to make another selection.**

***Note**: If you do not receive your confirmation within 5 days of the seminar you have registered for, please call our Professional Relations Unit at 570-735-9406.*

Please fax or mail the registration form to the appropriate address listed below:

Regular Mail:
United HealthCare
Attn.: Seminar Registration
P.O. Box 6800
Wilkes-Barre, PA 18773-6800

Overnight Mail:
United HealthCare
Attn.: Seminar Registration
60 E. Main Street
Nanticoke, PA 18634-1685

Fax: 570-735-9442, Attn: Seminar Registration

**Complete a registration form for each person attending. *Please type or print clearly***

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### Region A DMERC Summer 2000 Seminars - DMERC 101

_____
Company

_____
Provider Number

_____
Address

_____

_____ _____
Phone Fax

_____
Date of Seminar

_____
Name of Attendee

_____
Contact Name



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## Spring 2000 –– DMERC 101 Seminar Update

The Professional Relations Unit at the Region A DMERC completed a round of DMERC 101 seminars in Spring 2000. We would like to thank all those suppliers who attended for their enthusiastic participation at the seminars! The following is a list of comments from the evaluations that were completed at the seminars:

***East Elmhurst, NY***

- Well explained.
- I thought Paul Komishock Jr. was an excellent speaker and provided information and answered the audience's questions exceptionally well.

***Somerset, NJ***

- Good educational program. However, I have questions from my previous billing experience. These questions are related to Parenteral/Enteral Nutrition services.
- Very reassuring.

***King Of Prussia, PA***

- Information was presented in a clear, effective manner. All presenters handled all Q & A in a very professional manner. Enjoyed visuals, handouts and give aways.
- Very informative, presenters were very clear and through. Handouts were great.

***West Lebanon, NH***

- Needs to move more quickly during some sections; material was unnecessarily repetitive during some sections. Willingness of presenters to be helpful, as well as instructive, was great. More emphasis on web options and access would be welcome.
- The material presented was great and people presenting did an excellent job. The problem we noticed was poor lighting in the room, making it difficult to see screen.
- Lots and lots of info that is difficult to understand and digest but seminar helped.

***Syracuse, NY***

- Very informational, questions were not needed as all was explained very thoroughly.
- Good overall. This was (mostly) review. There were a few areas that were new to me. Thanks!

***Milford, MA***

- The presentation was great. All speakers were wonderful.
- Basics were covered quite well. Presenters were very knowledgeable and pleasant.
- I found the seminar very beneficial. My first seminar – learned a great deal!

***Pittsburgh, PA***

- The seminar was very helpful. Everything was that I had a question about was addressed. My only suggestion would be to hold the information on the screen a little longer for note taking.
- Explanation of EDI options were very useful and will be using more of the options.
- I am new to billing DME and found the presentation most helpful. Thank you.

***Hartford, CT***

- Room could be warmer. Seminar was rather interesting and new. If you bill this more often the information is important. Thought your group was knowledgeable and very good.
- Very informative and Dave's presentation was energetic and enjoyable.
- The overall presentation well put together and helpful for reinforcement of information.
- I am an experienced biller, this was great review. Thanks.
- Information and related materials were presented in a clear and concise format. Although, I have worked loosely with this information before, I found this formal presentation most informative.
- Good group size not too large. Consider giving speciality seminars for different groups such as O & P, DME updates, billing info, etc.

The Region A DMERC has collected all constructive feedback received from the seminar evaluation forms and we plan to incorporate supplier suggestions whenever possible to improve our supplier outreach presentations.

# Medical Policy

## Oral Anticancer Drugs

The March 2000 issue of the Region A *DMERC Medicare News* announced expanded coverage to include two additional drugs–busulfan (Myleran) and temozolomide (Temodar). Suppliers were instructed to temporarily use the miscellaneous HCPCS code J8999 to submit claims for these drugs. Effective for claims received on or after July 1, 2000, suppliers can submit claims for these drugs using the appropriate NDC numbers. (Refer to the March newsletter for a listing of the NDC numbers and the effective date of coverage for each drug.) If code J8999 is used for these drugs on claims received after October 1, 2000, the claim will be processed as a return / reject and the supplier should resubmit using the NDC number.

Two additional NDC numbers have been added for methotrexate products:

| | |
|---|---|
| Methotrexate, 2.5 mg, oral | 00378-0014-50 |
| | 51285-0509-02 |

These numbers are valid for claims received on or after July 1, 2000.

As new NDC numbers for covered drugs are established, the DMERC will announce in its newsletter when those numbers can be accepted by our claim processing system. Until such time as a new NDC number can be accepted, suppliers may submit claims using code J8999 (Prescription drug, oral, chemotherapeutic, not otherwise specified). Claims using this code must include the name of the drug, the NDC number, and the number of tablets / capsules dispensed in the HA0 record of an electronic claim or attached to a hard copy claim. Claims using code J8999 for drugs with NDC numbers that are valid for submission to the DMERC will be processed as a return / reject.

## Oral Antiemetic Drugs

Effective for dates of service on or after October 1, 2000, claims for drugs which are addressed by the DMERC policy on Oral Antiemetic Drugs (Chapter 19.2 - Replacement for Intravenous Antiemetics) and which are dispensed by a physician must be submitted to the DMERC. Claims from physicians for these drugs with dates of service prior to October 1, 2000 must continue to be submitted to the local carrier, regardless of the date of claim submission. Physicians must obtain a supplier number from the National Supplier Clearinghouse before they can submit claims to the DMERC. Refer to the medical policy on Oral Antiemetic Drugs for information on coverage and payment rules, coding guidelines, and documentation requirements.

## Levalbuterol (Xopenex)

Levalbuterol is the R-isomer of standard racemic albuterol, used as a beta-adrenergic bronchodilator administered through nebulizers. According to available literature, this form of albuterol has no clinically significant advantage over standard albuterol. Therefore, when billing for levalbuterol, use HCPCS codes J7618 or J7619, and payment will be based upon these codes' billing units - per 1 mg.



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## Surgical Dressings - Hydrogel

Three new codes have been established for surgical dressings:

K0535 Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, without adhesive border, each dressing

K0536 Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

K0537 Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., without adhesive border, each dressing

These new K codes are effective for claims with dates of service on or after July 1, 2000. Currently the products that will be billed using these new K codes are coded using the hydrogel wound cover codes A6242-A6244; these A codes should continue to be used for claims with dates of service prior to July 1, 2000.

In the medical policy on Surgical Dressings (Chapter 17.1), the definition of impregnated gauze dressings is modified as follows: Impregnated gauze dressings are woven or non-woven materials in which substances such as *hydrogel*, iodinated agents, petrolatum, zinc compounds, crystalline sodium chloride, chlorhexadine gluconate (CHG), bismuth tribromophenate (BTP), water, aqueous saline, or other agents have been incorporated into the dressing material by the manufacturer. Codes A6228-A6230 will continue to be used for gauze dressings impregnated with water or normal saline. Codes A6222-A6224 will continue to be used for gauze dressings impregnated with substances other than water, normal saline, or hydrogel.

Refer to the medical policy on Surgical Dressings for information on coverage and payment rules, coding guidelines, and documentation requirements. General coverage criteria for hydrogel dressings apply to these new codes. An amorphous hydrogel wound filler (A6248) or a hydrogel wound cover (A6242-A6247) used in the same wound at the same time as hydrogel-impregnated gauze dressings will be denied as not medically necessary. An appropriate wound cover (i.e., one which is appropriate for a wound with minimal or no exudate), other than a hydrogel wound cover, would be allowed in addition to impregnated hydrogel gauze.

## Surgical Dressings – Composite Dressings

The 1999 HCPCS Update established codes A6200-A6202 for composite dressings without an adhesive border. (These codes are in addition to existing codes for composite dressings with an adhesive border, A6203-A6205.) As a result of this, the definition of composite dressings in the Surgical Dressings policy (Chapter 17.1) needs to be modified to remove the requirement for an adhesive border for all composite dressings. The revised definition is: Composite dressings are products combining physically distinct components into a single dressing that provides multiple functions. These functions must include, but are not limited to: (a) a bacterial barrier, (b) an absorptive layer other than an alginate, foam, hydrocolloid, or hydrogel, and (c) either a semi-adherent or nonadherent property over the wound site.

## Oxygen Policy Revised

A revision of the Oxygen and Oxygen Equipment policy (Chapter 13.1) is included in the accompanying *Region A Supplier Manual* revision. This revision incorporates changes previously published in *DMERC Medicare News*. Suppliers should be aware that this is the first revision of the Oxygen policy since 1993 and numerous changes will be found in all sections of the policy. Therefore, we encourage you to read the entire policy carefully. Also note that the Documentation Section has been reorganized for easier determination of when initial, revised and recertification Certificates of Medical Necessity (CMNs) are needed.

Two coding changes should be noted and are effective for claims with dates of service on or after July 1, 2000. Codes E1405 and E1406 (oxygen and water vapor enriching system) are invalid for claim submission to the DMERC. The DMERCs have determined that the devices for which these codes were established are no longer in production.

Oxygen concentrators which are capable of delivering 85% or greater oxygen concentration at the prescribed flow rate and which are used with a humidifier are correctly billed using code E1390. (There is no separate billing or payment for a humidifier used in conjunction with rented oxygen equipment.) If a manufacturer or supplier has an oxygen concentrator which they believe should be coded as E1405 or E1406, they should contact the SADMERC for a coding determination.

Code ZZ010 (transtracheal oxygen catheter for patient-owned equipment) is invalid for claim submission to the DMERC. As noted in the policy, accessories are separately payable only when they are used with a patient-owned system that was purchased prior to June 1, 1989. Accessories used with a patient-owned system that was purchased on or after June 1, 1989 are noncovered.

# Reviews, Hearings and ALJs

## Helpful Hints for Filing a Review

To ensure that your requests for review of an initial claim determination can be handled promptly and accurately, keep these helpful hints in mind:

- Be specific in your review request. Provide the beneficiary's name, Health Insurance Claim (HIC) number, and the date of service. To identify the specific claim being requested for review, provide the Internal Control Number (ICN) assigned to the initial claim. Additionally, remember to include surgery dates, equipment pick-up and/or delivery dates, specific make and model numbers of equipment, and the purpose or use of certified equipment or supplies where appropriate. For complete instructions refer to Section 8.1, pages 8.1 - 8.6 of the *Region A DMERC Supplier Manual*.

- When requesting a review of an initial claim determination involving a Certificate of Medical Necessity (CMN), be sure all required fields are completed, i.e.: initial/revised/recertification date as appropriate, all questions on the CMN have been answered; the CMN includes the physician's address, as well as the physician's signature; and the date the CMN was signed. Any additional documentation to support the need for equipment and/or supplies should be included with your review request. Also, the supplier's National Supplier Clearinghouse (NSC) number and the Unique Physician Identification Number (UPIN) should be documented on the Certificate of Medical Necessity as well as on the initial claim form. Refer to

Section 12.7, pp. 49 - 64 of the *Region A DMERC Supplier Manual.*

- When including Medicare Remittance Notices or Electronic Remittance Notices as part of your request for review, be sure to highlight or circle the beneficiaries for whom the review is being requested.

- Ensure that all handwritten requests for review are legible.

- When faxing requests for review, ensure that all pages are transmitted successfully. Be sure to use the appropriate fax number, which is 570-735-9599. Please note that there is a six-page fax limit on fax transmissions.

  Refer to: Supplier Notice 98-24 "DMERC Communication Suggestions."

- The Region A DMERC had accepted medical necessity denials as adjustments in certain situations. However, these denials must be submitted as reviews in order to be consistent with the appeals process. This process ensures compliance with providing adequate documentation with the review request. Please refer to Supplier Notice 99-36 published on page 20 of *DMERC Medicare News*, No. 50, March 2000.

## Helpful Hints for Filing a Hearing Request

To ensure that your request for a hearing can be handled promptly and accurately, keep these helpful hints in mind:

- Be specific in your hearing request, provide the beneficiary's name, Health Insurance Claim (HIC) number, date of service, and procedure code. To identify the specific claim being requested for a hearing, provide the review Document Control Number (DCN) assigned to the review determination you have received.

- Document the type of hearing (telephone, on the record, or in-person) being requested on the hearing request form.

- Please include a copy of the overpayment letter if the hearing request is on an overpayment request.

- Ensure that any handwritten request for a hearing is legible.

- When faxing a request for a hearing, ensure that all pages are transmitted successfully. Be sure to use the appropriate fax number: 570-735-9422.

## Helpful Hints for Filing an ALJ Request

To ensure that your request for an ALJ can be handled promptly and accurately, keep these helpful hints in mind:

- Please include the Fair Hearing Document Control Number (DCN) of the hearing case you are appealing to the ALJ level.

- All ALJ requests must be submitted in writing.



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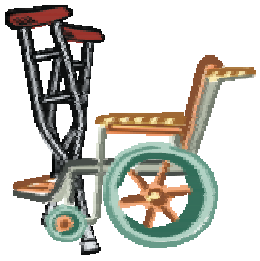
## Medicare Fraud and Abuse



### Services Not Rendered

A supplier knowingly and willfully submitting claims to Medicare for an item or service that was not rendered or provided is considered a fraudulent practice. Title XVIII of the Social Security Act (1833) (e) states: (e) No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

Billing Medicare for services not rendered is a fraudulent situation in which the Inspector General has the authority to exclude a supplier's services from coverage should the supplier continue to bill services incorrectly to Medicare. In addition, under the Omnibus Budget Reconciliation Act of 1981, Congress enacted a Civil Monetary Penalties Law, Section 1128 (A) of the Social Security Act (42 USC 1320a-71). This statute gives the Secretary the authority to impose a monetary penalty of up to $10,000 per incorrectly billed line item upon any person who presents or causes to be presented a false or fraudulent claim.

In many cases services not rendered is the result of a billing error. However, repeated billing problems can be considered abusive. Repetitively abusive suppliers may be subject to any of the following, but not limited to, prepayment review, post payment review, full audits of your records, suspension of payments, Civil Monetary Penalties and referral to the Office of Inspector General.

A few ways to avoid this type of problem from occurring would be:

- Ensure the beneficiary and / or family member knows what they are signing for when equipment or supplies are delivered. Many times the patient complains they did not receive one of the items on the delivery slip although their signature is on it.
- If an item is refused, be sure to contact your billing department immediately to stop the claim from being submitted to Medicare, causing a payment to be made for a false claim.
- When Medicare is billed for equipment that has been returned, this is considered services not rendered. This may happen when the billing department is not made aware of equipment being returned.

### Equipment Not Used

Medicare will not pay for equipment that is not being used by the beneficiary. If it is not being used, it is considered to be not medically necessary. Suppliers should periodically verify with the beneficiaries if equipment is being used. In doing this, suppliers are verifying that claims being submitted to Medicare are not false claims. Claims submitted to Medicare for equipment not being used may be considered false claims. Keep in mind that Medicare payments end when the equipment is no longer being used, not just when it is picked up.

Program Integrity will collect overpayments for equipment not being used. To avoid this situation, when a beneficiary calls to have equipment picked up, you should do so promptly.



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# Miscellaneous

## Pre-Discharge Delivery of DMEPOS for Fitting and Training

This article clarifies HCFA's policy and billing procedures regarding the circumstances under which durable medical equipment, prosthetics and orthotics–but not supplies–may be delivered to a beneficiary who is an inpatient in a facility that does not qualify as the beneficiary's home.

### Conditions that must be met

In some cases it would be appropriate for a supplier to deliver a medically necessary item of durable medical equipment (DME), a prosthetic, or an orthotic–but not supplies–to a beneficiary who is an inpatient in a facility (that does not qualify as the beneficiary's home). HCFA will presume that the pre-discharge delivery of a DME, prosthetic, or orthotic (hereafter "item") is appropriate if the following conditions are met:

1. The item is medically necessary for use by the beneficiary in the beneficiary's home.

2. The item is medically necessary on the date of discharge, i.e., there is a physician's order with a stated initial date of need that is no later than the date of discharge for home use.

3. The supplier delivers the item to the beneficiary in the facility solely for the purpose of fitting the beneficiary for such item or training the beneficiary in the use of such item and the item is for subsequent use in the patient's home.

4. The supplier delivers the item to the beneficiary no earlier than two days before the day the beneficiary is discharged from the facility.

5. The supplier ensures that the item is taken home by the beneficiary or the supplier picks up the item at the facility and delivers it to the beneficiary's home on the date of discharge.

6. The item furnished by the supplier is not for the purpose of eliminating the responsibility of the facility to provide an item that is medically necessary for use or treatment of the beneficiary while the beneficiary is in a facility. Such items are included in the DRG and PPS rates.

7. The supplier does not claim payment for the item for any day prior to the date of discharge.

8. The supplier does not claim payment for any additional costs that may be incurred by the supplier in ensuring that the item is delivered to the beneficiary's home on the date of discharge. The supplier cannot bill the beneficiary for redelivery.

9. The beneficiary's discharge must be to a qualified place of service, i.e., home, custodial facility, etc., but not to another facility (inpatient, skilled nursing, etc.) that does not qualify as the beneficiary's home.

## Date of service for claims processing

The general rule is the date of service is the date of delivery. However, the rule for pre-discharge delivery of items is that the date of service is the date of discharge. The following three scenarios illuminate both this latter rule (when the date of service is the date of discharge) and exceptions thereto.

1. If the supplier leaves the item with the beneficiary at the facility two days prior to the date of discharge, and if the supplier, as a practical matter, needs to do nothing further to effect delivery of the item to the beneficiary's home (because the beneficiary or a caregiver takes it home), then the date of discharge is deemed to be the date of delivery of the item and such date shall be the date of service for the purpose of claim submission. (This is not an exception to the general DMEPOS rule that the date of service must be the date of delivery. Rather, it recognizes the supplier's responsibility–per condition #5, above–to ensure that the item is actually delivered to the beneficiary's home on the date of discharge.) No billing can be made for days prior to the date of discharge.

2. If the supplier fits the beneficiary to the item or trains the beneficiary in its use while the beneficiary is in the facility, but thereafter removes the item and subsequently delivers the item to the beneficiary's home, then the date of service shall be the date of actual delivery of the item, provided such date is not earlier than the date of discharge.

3. If the supplier leaves the item at the facility and the item is not taken home by the beneficiary, or sent or taken to the beneficiary's home by a third party, or otherwise (re)delivered to the beneficiary's home by the supplier on or before the date of discharge, then the date of service may not be earlier than the actual date of delivery of the item, i.e., the actual date the item arrives, by whatever means, at the beneficiary's home.

## Facility responsibilities during the transition period

1. A facility remains responsible for furnishing medically necessary items to a beneficiary for the full duration of the beneficiary's stay. Such items are covered by the DRG and PPS rates.

2. A facility may not delay furnishing a medically necessary item for the use or treatment of a beneficiary while the beneficiary is in the facility nor may a facility prematurely remove a medically necessary item from the beneficiary's use or treatment on the basis that a supplier has delivered a similar or identical item to the beneficiary for purpose of fitting or training.

3. A facility may not, through the stratagem of relying upon a supplier to furnish such items, improperly shift to Medicare Part B its costs for furnishing medically necessary items to a beneficiary who is a resident in the facility.

   Nevertheless, beginning two days before the beneficiary's discharge, a facility may take reasonable actions to permit a supplier to fit or train the beneficiary with the medically necessary item that is for subsequent use in the beneficiary's home. These actions may include the substitution of the supplier-furnished item, in whole or in part, for the facility-furnished item during the beneficiary's last two inpatient days provided such substitution is both reasonable and necessary for fitting or training and the item is intended for subsequent use at the beneficiary's home.

4. For prosthetics and orthotics items, the above restrictions apply to residents in a covered Part A stay. For DME, the above restrictions apply in a covered Part A stay or for covered Part B services furnished to inpatients not covered under Part A.

## List of Frequently Asked Questions (FAQs)

1. *Has the policy for the insulin pumps been released and what is the coverage criteria?*

   Recently, Regional Medical Policy Review has revised coverage criteria of the policy on External Infusion Pumps to include external insulin infusion pumps (E0784). Under this revision, external insulin infusion pumps and related supplies are covered for only Type I diabetics who meet Medicare coverage criteria. Each claim submitted to the DMERC for coverage of these items must include an ICD-9-CM code specific to the 5th digit, describing the medical condition, which necessitates the pump. This policy revision is effective for dates of service on or after April 1, 2000. Additional instruction for coverage determination and billing can be found in Chapter 14.27 of the *Region A DMERC Supplier Manual*, as revised by Supplier Manual revision #13.

2. *Why is oxygen not covered on an airplane?*

   Oxygen is not reimbursed on an airplane because Medicare reimburses oxygen on a rental basis for the month. Therefore, Medicare is already covering oxygen for that time period. Also, an airplane is not defined as an appropriate place of service. Oxygen is classified as DME and will be reimbursed in the defined place of service.

   For purposes of rental and purchase of DME, a beneficiary's home may be their own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution. However, an institution may not be considered a beneficiary's home if it:

   1. Meets at least the basic requirement in the definition of a hospital.
   2 Meets at least the basic requirement in the definition of a skilled nursing facility.

3. *How do I bill for oral anticancer drugs?*

   Chapter 19.3 of the *Region A DMERC Supplier Manual* provides information on the coverage and payment for Oral Anti-Cancer Drugs. At the present time, coverage is limited to seven different types of anti-cancer drugs listed within the DMERC's policy. When a physician orders an anti-cancer drug for a beneficiary, the order should include a narrative and/or ICD-9-CM diagnosis code describing the patient's condition.

   Each oral anti-cancer drug is identified by a National Drug Code (NDC) that uniquely identifies a manufacturer's product by dosage strength, quantity, and other descriptors. These drugs are billed to the DMERC using this eleven-digit code. It is helpful to include the name of the drug, dosage strength, and the number dispensed in the HA0 record of an electronic claim or attached to a hard copy claim. For all NDC codes, 1 unit of service equals 1 tablet or 1 capsule.

   Additional information on coverage determination and billing is available in the Region A DMERC Supplier Manual.

4. *When a claim for maintenance denies for 15 payments not made and the dates of service are too old to resubmit, what do I do?*

   When a claim denies for maintenance and service because 15 months of rental have not been paid, the provider must go to review with the reason all months were not billed, essentially forfeiting payment for the remaining months. The provider should indicate in the review they will be billing only for maintenance

and service claims on the specific equipment.

5. *When a beneficiary receives a higher level piece of equipment from another supplier, why are the claims denied as "not medically necessary" and not as "similar equipment"?*

   Stated in Supplier Notice 98-03, if the CMN for the new upgraded item is valid, showing that a higher level piece of equipment is medically necessary and therefore, the lower level item is no longer medically necessary, payment will be made according to the appropriate payment category.

   If the new item is classified as a capped rental, a new 15-month rental period will be approved.

   If the new item is available for and billed as a purchase, payment will be made accordingly. **Payment will cease on the previous equipment. Proof of pick-up is not required.**

## Appeals Analysis: Wheelchair Accessories

The Region A DMERC has recently completed its analysis of claims appealed and overturned for the second quarter of fiscal year 2000. Through this research, the DMERC has noted that a large volume of previously denied claims submitted for miscellaneous wheelchair accessories under HCPCS code K0108 have been overturned through appeal. It has been identified that initial denials resulted from insufficient information provided upon claim submission.

Chapter 14.20 of the *Region A DMERC Supplier Manual* provides instruction to suppliers when billing for wheelchair accessories utilizing HCPCS code K0108, described as "Other Accessories." A claim received by the DMERC for code K0108 "must include a narrative description of the item, the brand name and model name/number of the item and a statement defining the medical necessity of this item for the particular patient" (p. 14.20-12). Additionally, when providing a customized option/accessory, this statement must define the way in which the item was customized.

Please remember to include this required documentation either by hard copy or in the HA0 record of an electronic claim. This information will assist the DMERC in properly adjudicating your claim on its initial submission.

## Branch Location?

Do you have a branch location? Follow these easy steps to tell:

1. Do beneficiaries call this location for service?
2. Does the location have its own business phone line?
3. Are supplies kept here for patient use?
4. Are patient records stored here?
5. Does this location have a sign outside?
6. Do you have a designated practice location manager at this site and/or full or part time employees?
7. Did this location have local, state or federal licenses issued to it?

If you answered YES to any of these questions, you MAY need to apply for a Medicare DMEPOS supplier number for that location. Some examples of locations that do not need separate numbers are warehouses used for supplies and central offices that only maintain records, but do not service beneficiaries. If you are unsure that your branch or satellite location will require a separate number, please call the NSC Customer Service Representatives at (803) 754-3951.

*This article was submitted by the National Supplier Clearinghouse; all questions pertaining to this article should be directed to the NSC at (803) 754-3951.*

# Medicare Secondary Payer

## Helpful Hints on Medicare Secondary Payer

Many Medicare beneficiaries are entitled to insurance benefits from an insurer other than Medicare. By law, the Medicare offices must determine whether Medicare should be the primary or secondary insurer for their claims. If the beneficiary is entitled to benefits from the other insurer, Medicare will make secondary payments only. It refers only to those insurers who would be liable before Medicare.

When Medicare pays secondary to another insurance, this is referred to as Medicare Secondary Payer. The laws that govern these provisions have allowed Medicare to save billions of dollars in claims that would have otherwise been paid by Medicare as the primary insurance.

It is very important that Medicare receive the correct information as soon as possible. If Medicare is not aware that another insurance is primary, or if the information we receive is wrong, Medicare may make incorrect payments. Medicare will then need to go back to the patient or supplier to request refunds of any overpayments. Likewise, if Medicare has incorrect information that there is another insurance when Medicare is actually primary, claims could be incorrectly denied.

### Types of Medicare Secondary Payer

- Automobile

  Medicare does not pay for any service or supply that is covered by an auto, medical, or no-fault insurance plan. Auto accident claims must be submitted to the auto insurer first. Medicare pays secondary only after the limit on the auto policy is exceeded. If this is the case, Medicare will need a letter from the insurance company stating that benefits have been exhausted. If the auto insurer argues liability, Medicare may issue conditional payments until the dispute is resolved.

- Liability

  Medicare does not pay for any service or supply that is covered by liability insurance. These involve claims such as injuries in stores and other public places, public transportation systems, other people's homes, malpractice suits, and automobile cases where the bills exceed the auto insurance limitations.

- Workers Compensation

  Medicare does not pay for services and supplies that result from any work-related illness or injury. If the beneficiary contests a workers' compensation claim, Medicare may pay conditional benefits until the Workers' Compensation Board makes a final decision. This is done to ease the beneficiary's financial hardship; often it takes a long time for a decision to be made. When billing Medicare, we must have a statement that the claims are being appealed. If it is determined that Workers' Compensation is responsible, Medicare will recover any conditional benefits paid.

### Claim Filing

Claims must be sent to the primary insurance first.

When the Explanation of Benefits (EOB) is received, a claim should be submitted to Medicare for secondary benefits. A copy of the EOB from the other insurer must be included in the claim.

Note: If the supplier receives the EOB from the primary insurer, they are responsible for filing the Medicare claim. If the beneficiary receives the EOB, they can either file the Medicare claim themselves, or they can send the EOB to the supplier. The supplier is then responsible for filing the Medicare claim.

### Guidelines

You can help make Medicare payments correct. Use the following rules to help Medicare issue correct primary or secondary payments. When supplying items to a Medicare beneficiary for the first time, inquire about any other health insurance that they may have besides Medicare. After receiving a claim, Medicare sometime sends beneficiaries a question and answer form. If the beneficiary should call you about the form, instruct them to fill it out right away. If the beneficiary needs help in filling out the form, they can contact the Region A DMERC at 1-800-842-2052.

Carefully read the Explanation of Benefits form you receive from other insurance companies and Medicare. If Medicare is secondary, the supplier and the beneficiary do not receive any payments from Medicare until the other insurance company has paid first. If the beneficiary has a lawyer working on their accident or Workers' Compensation case, the lawyer needs their Medicare number. Please remind the beneficiary to provide the lawyer their Medicare number.



**This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins issued after October 1, 1999 are available at no cost from our website at www.medicare-link.com.**

# Supplier Notice

*The information contained in the Supplier Notices was accurate at the time of original publication. Some of the contents may have since been updated or changed.*

## DMERC 101 Seminars

### Supplier Notice 2000-03
### February 3, 20000

*The DMERC 101 Seminars Supplier Notice provided information regarding the spring 2000 seminars. The article is not being published because the information is no longer applicable.*

## Region A DMERC Drug Fees

### Supplier Notice 2000-04
### February 10, 2000

The Region A DMERC will begin publishing the quarterly updates to the drug fees via supplier notices. This information will also be posted on the DMERC website, www.medicare-link.com, under "Billing Information" with the annual fee schedule update.

The drug fees for January 1, 2000 - March 31, 2000 are listed below.

**DRUG FEES**

| *HCPCS CODE* | *DESCRIPTION* | *DOSAGE* | *FEE* |
|---|---|---|---|
| J0285 | AMPHOTERICIN B | 50MG | $16.95 |
| J0286 | AMPHOTERICIN B, ANY LIPID FORMULATION | 50MG | $88.66 |
| J0895 | DEFEROXAMINE MESYLATE | 500MG/5CC | $11.47 |
| J1170 | HYDROMORPHONE | 4MG | $0.57 |
| J1250 | DOBUTAMINE HYDROCHLORIDE | 250MG | $5.79 |
| J1325 | EPOPROSTENAL | .5MG | $11.02 |
| J1455 | FOSCARNET SODIUM | 1000MG | $11.55 |
| J1570 | GANCICLOVIR SODIUM | 500MG | $33.89 |
| J2175 | MEPERIDINE HYDROCHLORIDE | 100MG | $0.60 |
| J2260 | MILRINONE LACTATE | 5ML | $40.80 |
| J2270 | MORPHINE SULFATE | 10MG | $0.62 |
| J2271 | MORPHINE SULFATE | 100MG | $11.07 |
| J2275 | MORPHINE SULFATE, PF, STERILE SOL | 10MG | $2.38 |
| J2545 | PENTAMIDINE FOR AEROSOL INHALER | 300MG | $106.51 |
| J2920 | METHYLPREDNISOLONE SODIUM SUCCINATE | 40MG | $2.02 |
| J2930 | METHYLPREDNISOLONE SODIUM SUCCINATE | 125MG | $3.54 |

| HCPCS CODE | DESCRIPTION | DOSAGE | FEE |
|---|---|---|---|
| J3010 | FENTANYL CITRATE | 2ML | $1.04 |
| J3370 | VANCOMYCIN HCL | 500MG | $5.20 |
| J7506 | PREDNISONE,ORAL | 5 MG | $0.02 |
| J7507 | TACROLIMUS, ORAL | 1 MG | $2.66 |
| J7508 | TACROLIMUS, ORAL | 5 MG | $13.32 |
| J7509 | METHYLPREDNISOLONE, ORAL | 4 MG | $0.51 |
| J7510 | PREDNISOLONE, ORAL | 5 MG | $0.03 |
| J7513 | DACLIZUMAB, PARENTERAL | 25MG | $397.29 |
| J7515 | CYCLOSPORINE, ORAL | 25MG | $1.42 |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL | 250MG | $2.14 |
| J9000 | DOXORUBICIN HCL | 10MG | $42.82 |
| J9040 | BLEOMYCIN SULFATE | 15UNITS | $289.37 |
| J9065 | CLADRIBINE | 1MG | $53.47 |
| J9100 | CYTARABINE | 100MG | $5.94 |
| J9110 | CYTARABINE | 500MG | $24.36 |
| J9190 | FLUOROURACIL | 500MG | $2.75 |
| J9200 | FLOXURIDINE | 500MG | $129.56 |
| J9208 | IFOSFAMIDE | 1GM | $141.41 |
| J9265 | PACLITAXEL | 30MG | $173.50 |
| J9280 | MITOMYCIN | 5MG | $124.53 |
| J9290 | MITOMYCIN | 20MG | $413.72 |
| J9360 | VINBLASTINE SULFATE | 1MG | $4.10 |
| J9370 | VINCRISTINE SULFATE | 1MG | $30.16 |
| J9375 | VINCRISTINE SULFATE | 2MG | $36.34 |
| J9380 | VINCRISTINE SULFATE | 5MG | $154.57 |
| J9390 | VINORELBINE TARTRATE | 10MG | $75.51 |
| K0119 | AZATHIOPRINE, ORAL, TAB | 50MG | $1.24 |
| K0120 | AZATHIOPRINE, PARENTERAL | 100MG | $107.91 |
| K0121 | CYCLOSPORINE, ORAL | 25MG | $1.42 |
| K0412 | MYCOPHENOLATE MOFETIL, ORAL | 250MG | $2.14 |
| K0418 | CYCLOSPORINE, ORAL | 100MG | $5.80 |
| Q9920 | EPOETIN | | $10.00 |

## NEBULIZER DRUG FEES

| HCPCS CODE | | DESCRIPTION | FEE |
|---|---|---|---|
| J7051 | | STERILE SALINE OR WATER | $0.08 |
| J7608 | KO | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $5.05 |
| J7608 | KP | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $5.05 |
| J7608 | KQ | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $4.87 |
| J7618 | | ALBUTEROL, CONCENTRATED FORM | $0.14 |
| J7619 | KO | ALBUTEROL, UNIT DOSE FORM | $0.47 |
| J7619 | KP | ALBUTEROL, UNIT DOSE FORM | $0.47 |
| J7619 | KQ | ALBUTEROL, UNIT DOSE FORM | $0.14 |
| J7635 | | ATROPINE, CONCENTRATED FORM | $0.17 |
| J7636 | KO | ATROPINE, UNIT DOSE FORM | $0.24 |
| J7636 | KP | ATROPINE, UNIT DOSE FORM | $0.24 |
| J7636 | KQ | ATROPINE, UNIT DOSE FORM | $0.17 |
| J7628 | | BITOLTEROL MESYLATE, CONCENTRATED FORM | $0.25 |

| HCPCS CODE | | DESCRIPTION | FEE |
|---|---|---|---|
| J7629 | KO | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.28 |
| J7629 | KP | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.28 |
| J7629 | KQ | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.25 |
| J7631 | KO | CROMOLYN SODIUM, UNIT DOSE FORM | $0.23 |
| J7631 | KP | CROMOLYN SODIUM, UNIT DOSE FORM | $0.23 |
| J7631 | KQ | CROMOLYN SODIUM, UNIT DOSE FORM | $0.18 |
| J7637 | | DEXAMETHASONE, CONCENTRATED FORM | $0.10 |
| J7638 | KO | DEXAMETHASONE, UNIT DOSE FORM | $0.14 |
| J7638 | KP | DEXAMETHASONE, UNIT DOSE FORM | $0.14 |
| J7638 | KQ | DEXAMETHASONE, UNIT DOSE FORM | $0.10 |
| J7639 | KO | DORNASE ALPHA, UNIT DOSE FORM | $15.12 |
| J7639 | KP | DORNASE ALPHA, UNIT DOSE FORM | $15.12 |
| J7639 | KQ | DORNASE ALPHA, UNIT DOSE FORM | $15.10 |
| J7642 | | GLYCOPYRROLATE, CONCENTRATED FORM | $0.31 |
| J7643 | KO | GLYCOPYRROLATE, UNIT DOSE FORM | $0.50 |
| J7643 | KP | GLYCOPYRROLATE, UNIT DOSE FORM | $0.50 |
| J7643 | KQ | GLYCOPYRROLATE, UNIT DOSE FORM | $0.31 |
| J7644 | KO | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $3.34 |
| J7644 | KP | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $3.34 |
| J7644 | KQ | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $3.19 |
| J7648 | | ISOETHARINE HCL, CONCENTRATED FORM | $0.17 |
| J7649 | KO | ISOETHARINE HCL, UNIT DOSE FORM | $0.19 |
| J7649 | KP | ISOETHARINE HCL, UNIT DOSE FORM | $0.19 |
| J7649 | KQ | ISOETHARINE HCL, UNIT DOSE FORM | $0.17 |
| J7658 | | ISOPROTERENOL HCL, CONCENTRATED FORM | $0.31 |
| J7659 | KO | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.34 |
| J7659 | KP | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.34 |
| J7659 | KQ | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.31 |
| J7668 | | METAPROTERENOL SULFATE, CONCENTRATED FORM | $0.25 |
| J7669 | KO | METAPROTERENOL SULFATE, UNIT DOSE FORM | $1.10 |
| J7669 | KP | METAPROTERENOL SULFATE, UNIT DOSE FORM | $1.10 |
| J7669 | KQ | METAPROTERENOL SULFATE, UNIT DOSE FORM | $0.25 |
| J7680 | | TERBUTALINE SULFATE, CONCENTRATED FORM | $1.86 |
| J7681 | KO | TERBUTALINE SULFATE, UNIT DOSE FORM | $1.94 |
| J7681 | KP | TERBUTALINE SULFATE, UNIT DOSE FORM | $1.94 |
| J7681 | KQ | TERBUTALINE SULFATE, UNIT DOSE FORM | $1.86 |
| J7682 | | TOBRAMYCINE, UNIT DOSE FORM, 300MG | $40.51 |
| J7683 | | TRIAMCINOLONE, CONCENTRATED FORM | $0.04 |
| J7684 | KO | TRIAMCINOLONE, UNIT DOSE FORM | $0.08 |
| J7684 | KP | TRIAMCINOLONE, UNIT DOSE FORM | $0.08 |
| J7684 | KQ | TRIAMCINOLONE, UNIT DOSE FORM | $0.04 |

## ORAL ANTI-EMETIC DRUG FEES

| *HCPCS CODE* | *DESCRIPTION* | *FEE* |
|---|---|---|
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE, 50MG | $0.02 |
| Q0164 | PROCHLORPERAZINE MALEATE, 5MG | $0.54 |
| Q0165 | PROCHLORPERAZIEN MALEATE, 10MG | $0.81 |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1MG | $42.61 |
| Q0167 | DRONABINOL, 2.5MG, ORAL | $3.04 |
| Q0168 | DRONABINOL, 5MG, ORAL | $6.00 |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL | $0.23 |
| Q0170 | PROMETHAZINE HYDROCHLORIDE, 25MG, ORAL | $0.02 |
| Q0171 | CHLORPROMAZINE HYDROCHLORIDE, 10MG, ORAL | $0.07 |
| Q0172 | CHLORPROMAZINE HYDROCHLORIDE, 25MG, ORAL | $0.29 |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250MG, ORAL | $0.45 |
| Q0174 | THIETHYLPERAZINE MALEATE, 10MG, ORAL | $0.51 |
| Q0175 | PERPHENAZINE, 4MG, ORAL | $0.57 |
| Q0176 | PERPHENAZIEN, 8MG, ORAL | $0.74 |
| Q0177 | HYDROXYZINE PAMOATE, 25MG, ORAL | $0.20 |
| Q0178 | HYDROXYZINE PAMOATE, 50MG, ORAL | $0.21 |
| Q0179 | ONDANSETRON HYDROCHLORIDE, 8MG, ORAL | $24.11 |
| Q0180 | DOLASETRON MESYLATE, 100MG, ORAL | $65.21 |

## ORAL ANTI-CANCER DRUG FEES

| *MANUFACTURERS* | *DESCRIPTION* | *DOSAGE* | *NDC NUMBER/CODE* | *FEE* |
|---|---|---|---|---|
| ROCHE LABORATORIES | CAPECITABINE | 150 mg, Oral, 1 Tab per unit | 00004-1100-22 | $1.94 |
| ROCHE LABORATORIES | CAPECITABINE | 150 mg, Oral, 1 Tab per unit | 00004-1100-51 | $1.94 |
| ROCHE LABORATORIES | CAPECITABINE | 150 mg, Oral, 1 Tab per unit | 00004-1100-13 | $1.94 |
| ROCHE LABORATORIES | CAPECITABINE | 500 mg, Oral, 1 Tab per unit | 00004-1101-51 | $6.09 |
| ROCHE LABORATORIES | CAPECITABINE | 500 mg, Oral, 1 Tab per unit | 00004-1101-16 | $6.09 |
| ROCHE LABORATORIES | CAPECITABINE | 500 mg, Oral, 1 Tab per unit | 00004-1101-13 | $6.09 |
| BRISTOL-MYERS | CYCLOPHOSPHAMIDE | 25 mg Oral 1 Tab, per unit | 00015-0504-01 | $2.12 |
| BRISTOL-MYERS | CYCLOPHOSPHAMIDE | 50 mg Oral 1 Tab, per unit | 00015-0503-01 | $3.80 |
| BRISTOL-MYERS | CYCLOPHOSPHAMIDE | 50 mg Oral 1 Tab, per unit | 00015-0503-02 | $3.80 |
| BRISTOL-MYERS | ETOPOSIDE | 50 mg Oral 1 Tab, per unit | 00015-3091-45 | $45.95 |
| GLAXO-WELLCOME | MELPHALAN | 2 mg 1 Tab, per unit | 00081-0045-35 | $2.07 |
| GLAXO-WELLCOME | MELPHALAN | 2 mg 1 Tab, per unit | 00173-0045-35 | $2.07 |
| SUperGEN | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 62701-0940-36 | $2.95 |
| SUperGEN | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 62701-0940-99 | $2.95 |
| URL | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00677-1610-01 | $2.95 |
| SCHEIN | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00364-2499-36 | $2.95 |
| ESI LEDERLE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 59911-5874-01 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-4550-15 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-25 | $2.95 |
| RUGBY | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00536-3998-01 | $2.95 |
| RUGBY | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00536-3998-36 | $2.95 |
| LEDERLE LABS | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00005-4507-23 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-35 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-02 | $2.95 |
| GENEVA | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00781-1076-36 | $2.95 |



**This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff.**
**Bulletins issued after October 1, 1999 are available at no cost from our website at www.medicare-link.com.**

| MANUFACTURERS | DESCRIPTION | DOSAGE | NDC NUMBER/CODE | FEE |
|---|---|---|---|---|
| GENEVA | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00781-1076-01 | $2.95 |
| ZENITH GOLDLINE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00182-1539-01 | $2.95 |
| MAJOR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00904-1749-60 | $2.95 |
| MYLAN | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00378-0014-01 | $2.95 |
| QUALITEST | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00603-4499-21 | $2.95 |
| SCHEIN | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00364-2499-01 | $2.95 |
| UDL | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 51079-0670-05 | $2.95 |
| MAJOR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00904-1749-73 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-4550-25 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-03 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-05 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-06 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-07 | $2.95 |
| ROXANE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00054-8550-10 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-45 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-46 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-47 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-48 | $2.95 |
| BARR | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00555-0572-49 | $2.95 |
| ZENITH GOLDLINE | METHOTREXATE | 2.5 mg Oral 1 Tab, per unit | 00182-1539-95 | $2.95 |



## Region A DMERC Parenteral & Enteral Nutrient Fees

### Supplier Notice 2000-05
### February 22, 2000

The Region A DMERC will begin publishing the quarterly updates to the parenteral and enteral nutrient fees via supplier notices. This information will also be posted on the DMERC website, www.medicare-link.com, under "Billing Information" with the annual fee schedule update.

The fees for January 1, 2000 - March 31, 2000 are listed below.

### Parenteral and Enteral Nutrient Fees

| HCPCS | MOD1 | MOD2 | FEE | HCPCS | MOD1 | MOD2 | FEE |
|---|---|---|---|---|---|---|---|
| B4034 | | | $5.60 | B4154 | | | $1.12 |
| B4035 | | | $10.67 | B4155 | | | $0.89 |
| B4036 | | | $7.31 | B4156 | | | $1.24 |
| B4081 | | | $19.78 | B4164 | | | $15.08 |
| B4082 | | | $14.73 | B4168 | | | $21.96 |
| B4083 | | | $2.25 | B4172 | | | IC |
| B4084 | | | $17.03 | B4176 | | | $38.94 |
| B4085 | | | $37.48 | B4178 | | | $51.04 |
| B4150 | | | $0.61 | B4180 | | | $21.61 |
| B4151 | | | $1.43 | B4184 | | | $70.86 |
| B4152 | | | $0.51 | B4186 | | | $94.48 |
| B4153 | | | $1.74 | B4189 | | | $157.66 |

| HCPCS | MOD1 | MOD2 | FEE |
|---|---|---|---|
| B4193 | | | $203.73 |
| B4197 | | | $248.02 |
| B4199 | | | $298.43 |
| B4216 | | | $6.85 |
| B4220 | | | $7.10 |
| B4222 | | | $8.02 |
| B4224 | | | $22.19 |
| B5000 | | | $10.54 |
| B5100 | | | $4.12 |
| B5200 | | | $5.68 |
| B9000 | NU | | $1,121.97 |
| B9000 | RR | | $103.10 |
| B9000 | UE | | $841.47 |
| B9002 | NU | | $1,121.97 |
| B9002 | RR | | $108.66 |
| B9002 | UE | | $841.47 |
| B9004 | NU | | $2,238.01 |
| B9004 | RR | | $354.30 |
| B9004 | UE | | $1,678.51 |
| B9006 | NU | | $2,238.01 |
| B9006 | RR | | $354.30 |
| B9006 | UE | | $1,678.51 |
| E0776 | NU | XA | $93.30 |
| E0776 | RR | XA | $23.62 |
| E0776 | UE | XA | $74.25 |

IC = Individually considered
Note: The allowances listed may not reflect suppliers' allowances. Medicare calculates the allowances for each procedure code listed above by selecting the lower of the prevailing charge, lowest charge level prevailing, suppliers' customary charge, inflation index charge & actual charge.

## Quarterly Update - DMERC Fees

### Supplier Notice 2000-06
### February 24, 2000

The following fees will be effective April 1, 2000:

| Code | Descriptor | Allowable |
|---|---|---|
| A4232 | Syringe with needle for external insulin pump, sterile, 3cc | $2.53 |
| E0784RR | External ambulatory infusion pump, insulin | $389.29 |

## Random Claim Reviews

### Supplier Notice 2000-07
### March 6, 2000

The Region A DMERC is expected to perform random reviews of claims (prepayment and postpayment) to determine compliance with Medical Policy. The DMERC is communicating this HCFA requirement to the suppliers in our region to encourage suppliers to comply with the requests for information which you may receive from the Medical Review department.

If the information requested is not sent to the DMERC timely (within 45 days) the claim(s) will be denied for lack of medical necessity documentation to properly adjudicate the claim. We strongly encourage suppliers to respond to these requests to prevent denials of their claims.

## Correction - DMERC Fees

**Supplier Notice 2000-08**
**March 17, 2000**

The following is a correction to Supplier Notice 2000-06. Please note the correct allowable for code E0784RR, external ambulatory infusion pump, insulin, is $398.29.

This fee will be effective April 1, 2000.

## Delay in National Standard Format (NSF) for Electronic Remittance Notice (ERN) Updates

**Supplier Notice 2000-09**
**March 20, 2000**

The information provided in Supplier Notice 2000-09 is not being published because it has since been updated. Please refer to Supplier Notice 2000-19 on page 26 of this newsletter for the updated information.

## Billing Reminder: E0776

**Supplier Notice 2000-10**
**April 3, 2000**

The Region A DMERC has received many inquiries from suppliers receiving denials for 462 error reject "form number invalid" when billing for E0776.

Suppliers billing for E0776RRXA need to bill using the Enteral/Parenteral CMN Form 10.02. Suppliers billing for E0776RR need to bill using the External Infusion Pump CMN Form 9.02.

Failure to attach the XA modifier when submitting a CMN for E0776 used in conjunction with enteral/parenteral nutrition will result in your CMN being rejected for form number invalid.

## Clarification: Oxygen Equipment CMN

### Supplier Notice 2000-11
### April 5, 2000

This is a clarification to Supplier Notice 2000-02, Oxygen Equipment CMN – Section B, published on January 20, 2000.

Section B of the Oxygen Equipment CMN (HCFA 484.2 Form) contains questions that relate to the patient's medical condition and the equipment being prescribed. All questions in Section B must be answered unless the question does not apply to the patient's condition. Questions that fall under this stipulation are questions 8 through 10 for Group I oxygen patients and question 7 for patients who are using their oxygen up to 4 lpm.

If the information does not apply to the patient and questions 8 through 10 are left blank by the physician, when submitting a claim electronically, the supplier may either enter a "D" or leave the field blank in the electronic version of the CMN.

If the information does not apply to the patient and question 7 is left blank by the physician, when submitting a claim electronically, the supplier should leave the field blank on the electronic version of the CMN.

Under no circumstances should a supplier make or modify any entries in Section B on the original paper CMN.

**This policy is effective for all CMNs with dates of service on or after January 17, 2000.**

## Billing Reminder: Mastectomy Items

### Supplier Notice 2000-12
### April 18, 2000

When billing for mastectomy items (A4280, L8000 – L8039, & K0400) please be sure to include the appropriate ICD-9 diagnosis and the appropriate right and / or left modifiers (RT / LT).

Claims that do not contain this information will be denied.

Examples:

The beneficiary receives 2 mastectomy bras and a right prosthesis on April 1, 2000; the mastectomy was performed on her right side:

| Date of Service | HCPCS/MOD | Units | Charges |
|---|---|---|---|
| 04 / 01 / 2000 | L8000RT | 2 | $40.00 |
| 04 / 01 / 2000 | L8030RT | 1 | $200.00 |

The beneficiary receives 1 mastectomy bra and 2 prostheses on April 1, 2000; the mastectomy was bilateral:

| Date of Service | HCPCS/MOD | Units | Charges |
|---|---|---|---|
| 04 / 01 / 2000 | L8000RTLT | 1 | $20.00 |
| 04 / 01 / 2000 | L8030RTLT | 2 | $400.00 |

# 2nd Quarter Update – Drug Fees

### Supplier Notice 2000-13
### April 27, 2000

The Region A DMERC publishes the quarterly updates to the drug fees via supplier notices. This information will also be posted on the DMERC website, www.medicare-link.com, under "Billing Information" with the annual fee schedule update.

The drug fees for April 1, 2000 – June 30, 2000 are listed below.

## DRUG FEES

| *HCPCS CODE* | *DESCRIPTION* | *DOSAGE* | *FEE* |
|---|---|---|---|
| J0285 | AMPHOTERICIN B | 50MG | $16.95 |
| J0286 | AMPHOTERICIN B, ANY LIPID FORMULATION | 50MG | $88.66 |
| J0895 | DEFEROXAMINE MESYLATE | 500MG/5CC | $12.03 |
| J1170 | HYDROMORPHONE | 4MG | $0.50 |
| J1250 | DOBUTAMINE HYDROCHLORIDE | 250MG | $5.35 |
| J1325 | EPOPROSTENAL | .5MG | $11.02 |
| J1455 | FOSCARNET SODIUM | 1000MG | $11.55 |
| J1570 | GANCICLOVIR SODIUM | 500MG | $33.89 |
| J1820 | INSULIN, INJECTION | UP TO 100 UNITS | $2.08 |
| J2175 | MEPERIDINE HYDROCHLORIDE | 100MG | $0.60 |
| J2260 | MILRINONE LACTATE | 5ML | $40.80 |
| J2270 | MORPHINE SULFATE | 10MG | $0.62 |
| J2271 | MORPHINE SULFATE | 100MG | $13.85 |
| J2275 | MORPHINE SULFATE, PF, STERILE SOL | 10MG | $2.38 |
| J2545 | PENTAMIDINE FOR AEROSOL INHALER | 300MG | $106.51 |
| J2920 | METHYLPREDNISOLONE SODIUM SUCCINATE | 40MG | $2.08 |
| J2930 | METHYLPREDNISOLONE SODIUM SUCCINATE | 125MG | $3.54 |
| J3010 | FENTANYL CITRATE | 2ML | $1.04 |
| J3370 | VANCOMYCIN HCL | 500MG | $5.20 |
| J7500 | AZATHIOPRINE, ORAL, TAB | 50MG | $1.24 |
| J7501 | AZATHIOPRINE, PARENTERAL | 100MG | $107.91 |
| J7502 | CYCLOSPORINE, ORAL | 100MG | $5.23 |
| J7506 | PREDNISONE,ORAL | 5MG | $0.02 |
| J7507 | TACROLIMUS, ORAL | 1MG | $2.66 |
| J7508 | TACROLIMUS, ORAL | 5MG | $13.32 |
| J7509 | METHYLPREDNISOLONE, ORAL | 4MG | $0.51 |
| J7510 | PREDNISOLONE, ORAL | 5MG | $0.03 |
| J7513 | DACLIZUMAB, PARENTERAL | 25MG | $397.29 |
| J7515 | CYCLOSPORINE, ORAL | 25MG | $1.31 |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL | 250MG | $2.20 |
| J9000 | DOXORUBICIN HCL | 10MG | $42.82 |
| J9001 | DOXARUBICIN HCL ALL LIPID FORMS. | 10MG | $311.72 |
| J9040 | BLEOMYCIN SULFATE | 15UNITS | $289.37 |
| J9065 | CLADRIBINE | 1MG | $53.47 |
| J9100 | CYTARABINE | 100MG | $5.94 |
| J9110 | CYTARABINE | 500MG | $23.75 |
| J9190 | FLUOROURACIL | 500MG | $2.75 |

| HCPCS CODE | DESCRIPTION | DOSAGE | FEE |
|---|---|---|---|
| J9200 | FLOXURIDINE | 500MG | $129.56 |
| J9208 | IFOSFAMIDE | 1GM | $141.41 |
| J9265 | PACLITAXEL | 30MG | $173.50 |
| J9280 | MITOMYCIN | 5MG | $124.53 |
| J9290 | MITOMYCIN | 20MG | $413.72 |
| J9360 | VINBLASTINE SULFATE | 1MG | $4.10 |
| J9370 | VINCRISTINE SULFATE | 1MG | $30.16 |
| J9375 | VINCRISTINE SULFATE | 2MG | $36.34 |
| J9380 | VINCRISTINE SULFATE | 5MG | $154.57 |
| J9390 | VINORELBINE TARTRATE | 10MG | $75.51 |
| Q9920 | EPOETIN | | $10.00 |

## NEBULIZER DRUG FEES

| HCPCS CODE | | DESCRIPTION | FEE |
|---|---|---|---|
| J7051 | | STERILE SALINE OR WATER | $0.21 |
| J7608 | KO | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $5.06 |
| J7608 | KP | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $5.06 |
| J7608 | KQ | ACETYLCYSTEINE INHALATION SOLUTION UNIT DOSE FORM | $4.53 |
| J7618 | | ALBUTEROL, CONCENTRATED FORM | $0.14 |
| J7619 | KO | ALBUTEROL, UNIT DOSE FORM | $0.47 |
| J7619 | KP | ALBUTEROL, UNIT DOSE FORM | $0.47 |
| J7619 | KQ | ALBUTEROL, UNIT DOSE FORM | $0.14 |
| J7628 | | BITOLTEROL MESYLATE, CONCENTRATED FORM | $0.25 |
| J7629 | KO | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.33 |
| J7629 | KP | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.33 |
| J7629 | KQ | BITOLTEROL MESYLATE, UNIT DOSE FORM | $0.25 |
| J7631 | KO | CROMOLYN SODIUM, UNIT DOSE FORM | $0.23 |
| J7631 | KP | CROMOLYN SODIUM, UNIT DOSE FORM | $0.23 |
| J7631 | KQ | CROMOLYN SODIUM, UNIT DOSE FORM | $0.12 |
| J7635 | | ATROPINE, CONCENTRATED FORM | $0.13 |
| J7636 | KO | ATROPINE, UNIT DOSE FORM | $0.34 |
| J7636 | KP | ATROPINE, UNIT DOSE FORM | $0.34 |
| J7636 | KQ | ATROPINE, UNIT DOSE FORM | $0.13 |
| J7637 | | DEXAMETHASONE, CONCENTRATED FORM | $0.10 |
| J7638 | KO | DEXAMETHASONE, UNIT DOSE FORM | $0.21 |
| J7638 | KP | DEXAMETHASONE, UNIT DOSE FORM | $0.21 |
| J7638 | KQ | DEXAMETHASONE, UNIT DOSE FORM | $0.10 |
| J7639 | KO | DORNASE ALPHA, UNIT DOSE FORM | $15.12 |
| J7639 | KP | DORNASE ALPHA, UNIT DOSE FORM | $15.12 |
| J7639 | KQ | DORNASE ALPHA, UNIT DOSE FORM | $15.04 |
| J7642 | | GLYCOPYRROLATE, CONCENTRATED FORM | $0.31 |
| J7643 | KO | GLYCOPYRROLATE, UNIT DOSE FORM | $0.83 |
| J7643 | KP | GLYCOPYRROLATE, UNIT DOSE FORM | $0.83 |
| J7643 | KQ | GLYCOPYRROLATE, UNIT DOSE FORM | $0.31 |
| J7644 | KO | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $3.34 |
| J7644 | KP | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $3.34 |
| J7644 | KQ | IPRATROPIUM BROMIDE, UNIT DOSE FORM | $2.92 |
| J7648 | | ISOETHARINE HCL, CONCENTRATED FORM | $0.17 |
| J7649 | KO | ISOETHARINE HCL, UNIT DOSE FORM | $0.21 |

| HCPCS CODE | | DESCRIPTION | FEE |
|---|---|---|---|
| J7649 | KP | ISOETHARINE HCL, UNIT DOSE FORM | $0.21 |
| J7649 | KQ | ISOETHARINE HCL, UNIT DOSE FORM | $0.17 |
| J7658 | | ISOPROTERENOL HCL, CONCENTRATED FORM | $0.31 |
| J7659 | KO | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.40 |
| J7659 | KP | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.40 |
| J7659 | KQ | ISOPROTERENOL HCL, UNIT DOSE FORM | $0.31 |
| J7668 | | METAPROTERENOL SULFATE, CONCENTRATED FORM | $0.25 |
| J7669 | KO | METAPROTERENOL SULFATE, UNIT DOSE FORM | $1.10 |
| J7669 | KP | METAPROTERENOL SULFATE, UNIT DOSE FORM | $1.10 |
| J7669 | KQ | METAPROTERENOL SULFATE, UNIT DOSE FORM | $0.25 |
| J7680 | | TERBUTALINE SULFATE, CONCENTRATED FORM | $1.86 |
| J7681 | KO | TERBUTALINE SULFATE, UNIT DOSE FORM | $2.07 |
| J7681 | KP | TERBUTALINE SULFATE, UNIT DOSE FORM | $2.07 |
| J7681 | KQ | TERBUTALINE SULFATE, UNIT DOSE FORM | $1.86 |
| J7682 | KO | TOBRAMYCINE, UNIT DOSE FORM, 300MG | $40.51 |
| J7682 | KP | TOBRAMYCINE, UNIT DOSE FORM, 300MG | $40.51 |
| J7682 | KQ | TOBRAMYCINE, UNIT DOSE FORM, 300MG | *IC |
| J7683 | | TRIAMCINOLONE, CONCENTRATED FORM | $0.04 |
| J7684 | KO | TRIAMCINOLONE, UNIT DOSE FORM | $0.15 |
| J7684 | KP | TRIAMCINOLONE, UNIT DOSE FORM | $0.15 |
| J7684 | KQ | TRIAMCINOLONE, UNIT DOSE FORM | $0.04 |

## ORAL ANTIEMETIC DRUG FEES

| HCPCS CODE | DESCRIPTION | FEE |
|---|---|---|
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE, 50MG | $0.02 |
| Q0164 | PROCHLORPERAZINE MALEATE, 5MG | $0.54 |
| Q0165 | PROCHLORPERAZIEN MALEATE, 10MG | $0.81 |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1MG | $44.69 |
| Q0167 | DRONABINOL, 2.5MG, ORAL | $3.04 |
| Q0168 | DRONABINOL, 5MG, ORAL | $6.00 |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL | $0.24 |
| Q0170 | PROMETHAZINE HYDROCHLORIDE, 25MG, ORAL | $0.02 |
| Q0171 | CHLORPROMAZINE HYDROCHLORIDE, 10MG, ORAL | $0.07 |
| Q0172 | CHLORPROMAZINE HYDROCHLORIDE, 25MG, ORAL | $0.09 |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250MG, ORAL | $0.45 |
| Q0174 | THIETHYLPERAZINE MALEATE, 10MG, ORAL | $0.51 |
| Q0175 | PERPHENAZINE, 4MG, ORAL | $0.57 |
| Q0176 | PERPHENAZIEN, 8MG, ORAL | $0.93 |
| Q0177 | HYDROXYZINE PAMOATE, 25MG, ORAL | $0.25 |
| Q0178 | HYDROXYZINE PAMOATE, 50MG, ORAL | $0.21 |
| Q0179 | ONDANSETRON HYDROCHLORIDE, 8MG, ORAL | $25.15 |
| Q0180 | DOLASETRON MESYLATE, 100MG, ORAL | $65.21 |

*INDIVIDUAL CONSIDERATION

## Billing Reminder: External Infusion Pump Policy

**Supplier Notice 2000-14**
**May 1, 2000**

When a patient is receiving a drug administered through infusion therapy and the drug is subsequently changed or an additional drug is prescribed, a revised CMN for the external infusion pump (CMN 09.02) must be submitted to the DMERC. If an additional drug(s) is added, this revised CMN must include all drugs being administered via the covered pump.

## UPDATE: Delay in National Standard Format (NSF) for Electronic Remittance Notice (ERN) Updates

**Supplier Notice 2000-15**
**May 1, 2000**

The information provided in Supplier Notice 2000-15 is not being published because it has since been updated. Please refer to Supplier Notice 2000-19 (on this page) for the updated information.

## Reminder – Question #4 of the Oxygen CMN

**Supplier Notice 2000-16**
**May 2, 2000**

The Region A DMERC has received a large number of inquiries regarding claims that have been denied due to missing or invalid information for Question 4, Section B of the oxygen CMN. Question 4 must be completed with the name of the physician / provider performing the test in question 1 and the complete address of the facility where the test was performed.

Failure to provide the required information (i.e., facility name, street address, city, state, etc.) in the appropriate box of the CMN can result in the denial of the claim or a request for a refund.

Please Note: Suppliers cannot complete Section B of the CMN.

## UPDATE: Delay in National Standard Format (NSF) for Electronic Remittance Notice (ERN) Updates

**Supplier Notice 2000-19**
**May 30, 2000**

The Health Care Financing Administration (HCFA) recently informed Medicare carriers that the new implementation date for changes / updates pertaining to NSF ERNs / ERAs is set for June 5, 2000. The changes / updates pertaining to NSF ERNs / ERAs were initially scheduled to be effective on April 1, 2000 and then rescheduled to May 15, 2000 (please refer to Supplier Notice 2000-15).

## The Region A DMERC would like to hear from you!

Currently, Region A suppliers receive the DMERC publications, such as the newsletters and supplier manual, in paper format. The DMERC is considering making these publications available on CD-ROM and would like feedback from the supplier community. Please complete the survey below and return it to the DMERC.

Please check one of the following:

- ❑ I would not be interested in receiving the DMERC publications on CD-ROM.
- ❑ I would be interested in receiving the publications on CD-ROM only.
- ❑ I would be interested in receiving the DMERC publications in paper format and purchasing the CD-ROM at cost.

Please check all publications that you would like available on CD-ROM:

- ❑ Newsletters
- ❑ Supplier Manual and Revisions
- ❑ Supplier Notices & Alerts
- ❑ Other _____

Completed surveys can be returned to the DMERC via fax or mail:

Mail: United Healthcare Insurance Company
Region A DMERC
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: Professional Relations Unit

Fax: Attn: Professional Relations Unit
570-735-9442

**Don't miss out – get your supplier notices and alerts via email**

The Region A DMERC is pleased to announce the availability of our listserve (an electronic mailing list). Once subscribed to the listserve you will receive our supplier notices and supplier alerts via email as they are issued.

To subscribe to the Region A DMERC listserve, send an email to commands@lr.listserve.com with the words **SUBSCRIBE DMERCA** in the body of the message.

The e-mail must not contain a subject or any other text in the message. You will receive a confirmation by the listserve if you sent the email properly.



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**Suppliers: This newsletter should be directed to your billing manager.**