

## Fall 1997 Continuing Education Workshops

Region A DMERC announces the Fall 1997 continuing education workshops. The topics for this session are: Mobility, Parenteral and Enteral Nutrition (PEN), Documentation/CMN, and Electronic Data Interchange (EDI). During these sessions, suppliers will have the opportunity to receive information and instruction on each topic. **Workshop materials and lunch will be provided.**

### New Look for Medicare Newsletter!!

In January, MetraHealth became United HealthCare Insurance Company. Along with our new name, we re-designed the masthead using the United HealthCare colors, changed the page format to three columns, and moved the Table of Contents to page 2 to allow space for a headline article.

You will also notice that we have tried to make the layout more appealing visually by adding graphics and sidebar articles. We hope you like the changes!

### Workshop Dates and Locations

Date	City/State	Location	Phone
Sept. 8	Portland, ME	Holiday Inn by the Bay Hotel & Convention Center, 88 Spring St.	207-775-2311
Sept. 12	Bedford, NH	Sheraton Wayfarer Inn 121 South River Road	603-622-3766
Sept. 15	Worcester, MA	Holiday Inn Crowne Plaza 10 Lincoln Square	508-791-1600
Sept. 19	Pittsburgh, PA	Marriott Greentree 101 Marriott Drive	412-922-8400
Sept. 22	East Elmhurst, NY	Holiday Inn Crowne Plaza 104-04 Ditmars Blvd.	718-457-6300
Sept. 24	Albany, NY	Albany Marriott 189 Wolf Road	518-458-8444
Sept. 29	Amhearst, NY	Buffalo Marriott 1340 Millersport Hwy.	716-689-6900
Oct. 6	King of Prussia, PA	Sheraton Valley Forge 1160 First Ave.	610-337-2000
Oct. 8	East Fairfield, NJ	Radisson Hotel & Suites 690 Route 46 East	201-227-9200
Oct. 14	Hartford, CT	Sheraton Hartford 315 Trumbull St.	860-728-5151
Oct. 17	Scranton, PA	Radisson Lackawana Station 700 Lackawana Avenue	717-342-8300

(See page 3 for more information)

## IN THIS ISSUE

### Electronic Data Interchange

BBS Mail Bulletins . . . . .	9
BBS Supplier Questionnaire System . . . . .	10
Bill Code Rejects . . . . .	12
Billing Services and Clearinghouses . . . . .	12
Claim Status Inquiries . . . . .	11
Common Errors Made with Electronic Billing . . . . .	13
Dialing our Bulletin Board More than 10 Times a Day . . . . .	12
Disk Submitters . . . . .	11
Electronic Remittance Notices - ERN . . . . .	9
ERN Information . . . . .	9
Fax/OCR, Diskette and Touchtone Phone Claims . . . . .	12
Functional Acknowledgment Standard Format . . . . .	11
Interested in a Cost Effective and Accurate Method of Submitting DMEPOS Claims? . . . . .	14
Important EDI Numbers . . . . .	9
Internet Account . . . . .	10
Medicare Secondary Payer . . . . .	12
National Telecommunications Standards . . . . .	11
New Acknowledgment Reports . . . . .	10
New Remittance BBS . . . . .	9
NSF Version 3.01 . . . . .	9
Secondary Insurance . . . . .	12
Testing with Region A DMERC . . . . .	11
Transfer Claims to Other Regions . . . . .	10
Zipped EMC Files . . . . .	9

### HCPCS Codes

Claims Processing Jurisdiction Changes . . . . .	15
Incorrect HCPCS Codes . . . . .	15
New Code for Amphotericin B . . . . .	15
New NDC # for Melphalan . . . . .	16
SADMERC's HCPCS Unit and Helpline . . . . .	15
XX013 Deleted . . . . .	16

### Medical Policy

Cold Therapy Policy . . . . .	16
Dynamic Joint Contracture Devices . . . . .	17
Filtered, Disposable Nebulizer Administration Sets (K0171) . . . . .	17
Home Dialysis Supplies and Equipment - Correction . . . . .	17
L5617 Coverage Change . . . . .	16
Oxygen Policy - Testing/Documentation Requirements . . . . .	18
Stocking Supporter Grips . . . . .	17
Supplier Billing for Drugs . . . . .	16
Support Surfaces - Group 2 - Code Changes/ Policy Revision . . . . .	19

### Miscellaneous

Access to HCFA Manuals . . . . .	31
Beneficiary Liability . . . . .	27
Billing Procedure - Wheelchair Options/Accessories . . . . .	27
Certificates of Medical Necessity - Revision . . . . .	44
Change of Address . . . . .	27
Change of Address Form . . . . .	47
Changes Affecting Medicare Beneficiaries Who are Eligible for Medicaid Benefits . . . . .	26
DMERCs Attend Home Medical Equipment Industry's Future Show . . . . .	30
DMERC Region A Hearing Request Form . . . . .	29
Fall 1997 Continuing Education Workshops . . . . .	1
Faxing to the DMERC . . . . .	26
How to Request a Fair Hearing . . . . .	28
New Look for Medicare Newsletter!! . . . . .	1
Supplier Manual on the Internet . . . . .	26

### Pricing

Corrected and New Fees Developed by the DMERCs . . . . .	25
Final Notice of Inherent Reasonableness . . . . .	20
Product Classification List . . . . .	21
Summary Comments and Responses . . . . .	22
Supplier Manual Updated Fees . . . . .	25

### Product/Product Focus Groups . . . . . 5

### Program Integrity . . . . . 36

### Supplier Notices . . . . . 33

---

## Workshop Agenda

Registration	8:30 a.m. - 9:00 a.m.	
Specialty Workshops	9:00 a.m. - 12:00 p.m.	<b>Mobility Parenteral and Enteral Nutrition (PEN) Documentation/CMNs: Review and Hearing Processes, Orders, Additional Documentation Electronic Data Interchange</b>
Lunch	12:00 p.m. - 1:00 p.m.	
Specialty Workshops	1:00 p.m. - 4:00 p.m.	<b>Mobility Parenteral and Enteral Nutrition (PEN) Documentation/CMNs: Review and Hearing Processes, Orders, Additional Documentation Electronic Data Interchange</b>

### 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.

---

## How To Register

Complete the following registration form and make checks payable to United HealthCare. Return completed form to United HealthCare, Region A DMERC, using the appropriate address as noted on the following page. The registration fee of **\$60.00** per person is **non-refundable**.

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

**Once registration is complete, no changes will be made. Please make your specialty workshop selection very carefully.**

**September 1, 1997**      **Portland, ME; Bedford, NH; Worcester, MA; Pittsburgh, PA**  
**September 8, 1997**      **East Elmhurst, NY; Albany, NY; Amhearst, NY**  
**September 18, 1997**      **King of Prussia, PA; E. Fairfield, NJ; Hartford, CT;  
Scranton, PA**

All registrations **must be postmarked** by the dates listed above for the appropriate workshops. Any registration received postmarked after those dates will not be accepted and will be returned to the Supplier.

**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.*

*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.*

## Registration Form

**Please complete a registration form for each person attending.**

Company Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Submitter Number (Billing Services only) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City & State of Workshop you Wish to Attend \_\_\_\_\_

Number Attending \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Name of Attendee \_\_\_\_\_

Contact Name \_\_\_\_\_

**Please check the appropriate box(es) to indicate which workshops you wish to attend:**

**A.M. Session (9:00 a.m. - 12:00 p.m.)**

**P.M. Session (1:00 p.m. - 4:00 p.m.)**

Mobility

Mobility

PEN

PEN

Documentation

Documentation

EDI

EDI

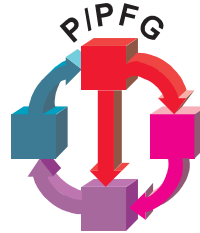
Will be attending luncheon

Will not be attending luncheon

# Product /Process Focus Groups

## Ombudsmen/Professional Relations

As we continue to progress with the P/PPFG (Product/Process Focus Group) initiative, this article offers more details on this project as it pertains to the Ombudsmen and the Professional Relations Department.



An introduction to P/PPFG was published in the March 1997 DME Medicare News. This initiative was also discussed at our Spring '97 seminars throughout April and at all of the recent State Association conventions/meetings.

The objective of the P/PPFG initiative is to improve our service to the supplier community and produce a more consistent processing product.

The first step in initiating this project was to form six work groups representing each of the designated policy categories. The groups include a representative from each department within DMERC Region A which currently meet on a bi-weekly basis. These groups address and work to resolve issues that exist within their designated product area.

**Effective August 1, 1997**, the Ombudsmen will be assigned to specialty categories. Each will be assigned to a primary product category and a secondary product category. In certain circumstances, geographic territory assignments as they have been established up to this point, will still remain. These circumstances will be addressed later in this article.

As of **August 1st**, there will be one designated phone number to reach the Ombudsmen. The phone number will be **717-735-9666**. When you contact the Ombudsmen at this number, you will be instructed to select the policy category in relation to your inquiry. You will then reach the Ombudsman assigned to that category.

This is a new direction for DMERC Region A and we realize there will be questions as we move along in this process. The following are questions and answers as anticipated by the Professional Relations Unit:

**Q) Which Ombudsman is assigned to which category?**

A) Please refer to the chart following this article for Ombudsmen assignments.

**Q) How will Ombudsmen assignments to P/PPFG categories affect previously assigned State Association contacts?**

A) The Ombudsmen will continue as currently assigned to State Associations. Please refer to the chart following this article.

**Q) What does assignment of Ombudsmen to primary and secondary categories mean?**

A) Each Ombudsman will be assigned to a category as their "primary" product category. This category will be the one they are primarily involved in. The secondary product category will be the category in which the Ombudsman will serve as back-up/support if the primary Ombudsman for that category is unavailable.

**Q) What if I have a general question/issue that is not category specific?**

A) General questions should be directed to our Provider Customer Service Unit at 717-735-9445. If necessary, the representative will refer the call to the appropriate Ombudsman.

**Q) What if my question/issue is not general or category specific, but is an educational issue or an issue requiring the assistance of an Ombudsman?**

A) There will be a selection option available when you contact the Professional Relations department designated "General Education" for this situation.

**Q) What if I have questions/issues involving multiple categories?**

A) If your questions/issues are of an educational nature or need the assistance of an Ombudsman, you should contact the Ombudsman assigned to your area code when multiple categories are involved. This Ombudsman will gather information/responses as necessary and will respond to you. If necessary, you may request to speak to each category assigned Ombudsman for possible further discussion/resolution.

**Q) Will the provider services unit be divided by PPFG categories?**

A) Not at this time, however, designated representatives from this unit for each P/PPFG are involved in the bi-weekly group meetings. Each is responsible to provide feedback to all customer service representatives as a result of the meetings.

## Primary Role of Ombudsman

The primary role of the Ombudsman continues to be education and the information source between the DMERC and supplier community. The Provider Customer Service Unit and ARU system have both been strengthened to accommodate provider needs. Contact this unit **first** for resolution to your questions/issues. The cooperation of the supplier community has enabled the Ombudsmen to concentrate on our true responsibilities, such as educational workshops and materials; attending trade shows and association meetings; conference calls; physician education; beneficiary education and resolution of issues affecting all suppliers. It has also enabled us to develop and implement the PPFG's to improve our over-all service to the supplier and beneficiary community.

# Product/Process Focus Groups

717-735-9666

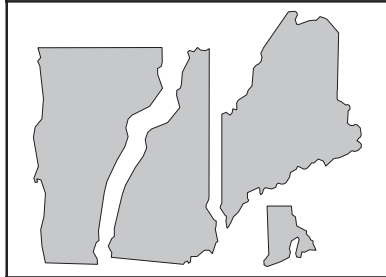
<p style="text-align: center;"><b>Respiratory</b></p> <p><b>Michele Healey - Ombudsman - Primary</b> Doris Spencer - Ombudsman - Secondary Kevin Quaglia - PR Representative</p> <ul style="list-style-type: none"> <li>• Oxygen Supplies/Equipment</li> <li>• Nebulizers</li> <li>• CPAP/BIPAP</li> <li>• Suction Pumps</li> <li>• Tracheostomy Supplies</li> <li>• IPPB</li> <li>• Ventilators</li> </ul>	<p style="text-align: center;"><b>Mobility</b></p> <p><b>Laura Viot - Ombudsman - Primary</b> TBA - Ombudsman - Secondary Erin Groblewski - PR Representative</p> <ul style="list-style-type: none"> <li>• Wheelchairs</li> <li>• Walkers</li> <li>• Canes/Crutches</li> <li>• Repairs/DME</li> <li>• Seat Lift Mechanisms</li> <li>• Powered Operated Vehicle</li> <li>• Seating Systems</li> </ul>
<p style="text-align: center;"><b>Orthotics &amp; Prosthetics</b></p> <p><b>Doris Spencer - Ombudsman - Primary</b> Michele Healey - Ombudsman - Secondary Kevin Quaglia - PR Representative</p> <ul style="list-style-type: none"> <li>• Lower/Upper Limb Orthosis</li> <li>• Spinal Orthosis</li> <li>• Lower/Upper Limb Prosthesis</li> <li>• Orthopedic Footwear</li> <li>• Diabetic Shoes</li> <li>• Orthotic/Prosthetic Repair</li> <li>• Dynamic Splints</li> </ul>	<p style="text-align: center;"><b>Supports</b></p> <p><b>Thomas O'Connor - Ombudsman - Primary</b> Amy Capece - Ombudsman - Secondary Erin Groblewski - PR Representative</p> <ul style="list-style-type: none"> <li>• Hospital Beds/Accessories</li> <li>• Trapeze Bars</li> <li>• Commodes/Bed Pans/Urinals</li> <li>• Support Surfaces</li> <li>• Patient Lifts</li> <li>• Traction</li> </ul>
<p style="text-align: center;"><b>Nutrition/Pharmacy</b></p> <p><b>Amy Capece - Ombudsman - Primary</b> Thomas O'Connor - Ombudsman - Secondary Kevin Quaglia - PR Representative</p> <ul style="list-style-type: none"> <li>• Enteral Nutrition</li> <li>• Parenteral Nutrition</li> <li>• Immunosuppressive Drugs</li> <li>• Infusion Pumps</li> <li>• Dialysis Equipment/Supplies/EPO</li> <li>• Oral Anti-Cancer</li> <li>• Oral Antiemetic</li> </ul>	<p style="text-align: center;"><b>Specialized DME</b></p> <p><b>TBA - Ombudsman - Primary</b> Laura Viot - Ombudsman - Secondary Erin Groblewski - PR Representative</p> <ul style="list-style-type: none"> <li>• Heat/Cold Application</li> <li>• CPM &amp; Neuromuscular Stimulator</li> <li>• TENS &amp; Osteogenic Bone Stimulator</li> <li>• Vision - Lenses &amp; Prosthesis</li> <li>• Impotence Aid</li> <li>• Voice Prosthesis</li> <li>• Ostomy &amp; Urologicals</li> <li>• Surgical Dressings</li> <li>• Breast Prosthesis</li> <li>• Maxillofacial/Miscellaneous DME</li> <li>• Lymphedema Pumps</li> <li>• Investigational Devices</li> <li>• Glucose Monitors</li> </ul>

**Reminder:** The **Secondary** Ombudsman serves as backup/support to the **Primary** Ombudsman for the product category.

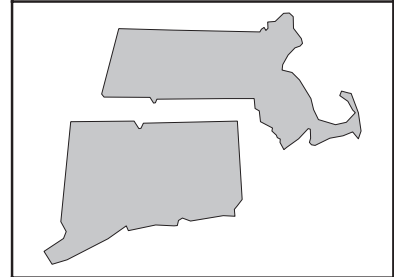
# Professional Relations Ombudsmen

## PR Representatives

Erin Groblewski, Kevin Quaglia



**ME, NH, RI, VT**  
**Area Codes:**  
**207, 401, 603, 802**  
Michele Healey  
State Association  
NEMED

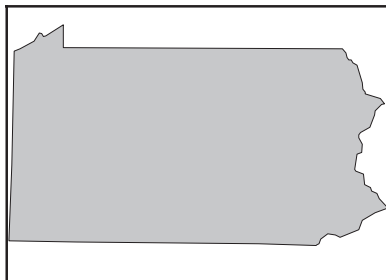


**MA, CT**  
**Area Codes:**  
**203, 413, 508, 617, 860**  
Doris Spencer  
State Association  
NEMED

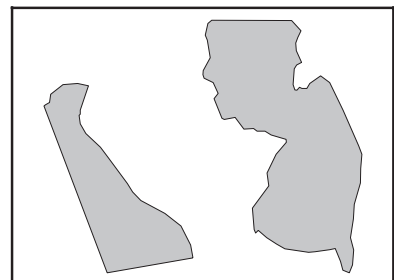


**NY State**  
**Area Codes:**  
**315, 518, 607, 716, 914**  
Laura Viot  
State Association  
NYMEP

**NY City and Long Island**  
**Area Codes:**  
**212, 516, 718, 917**  
Tom O'Connor  
State Association  
NYMEP



**PA**  
**Area Codes:**  
**215, 412, 610, 717, 814**  
Amy Capece  
State Association  
PAMS



**NJ, DE**  
**Area Codes:**  
**201, 302, 609, 908**  
TBA  
State Association  
JAMES

# Electronic Data Interchange

---

## 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 EDI Unit.

---

## BBS Mail Bulletins

On January 13, 1997, procedures were set in place to only keep Mail Bulletins 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 EDI department.

---

## ERN Information

As of February 10, 1997, ERNs are only 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 EDI 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 EDI Help Desk at (717) 735-9429.

---

## NSF Version 3.01

Attention all vendors and in-house programmers. Version 3.01 of the National Standard Format will be released in July 1997 with an October 1997 implementation date. When this issue of *DME Medicare News* went to print, no other information was available. The DMERC EDI Unit will make additional information available via Supplier Notices and the BBS. We will also mail the new NSF 3.01 Matrix to all certified and select certified vendors and in-house programmers within Region A.

---

## Zipped EMC Files

The DMERC EDI 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 EDI Unit to be set up. Once you are set up for sending zip files then you can only send zip files. There are certain guidelines that you must follow when sending zipped files to our office. Please call the EDI Unit for an explanation of these guidelines.

### Important EDI Numbers

#### Bulletin Boards

Non-Participating  
Suppliers

717-735-9515

Participating Suppliers

800-842-5713

Remittance BBS

717-735-9451

#### EDI Help Desk

717-735-9429

Please note NEW  
number

#### Medicare Website

[www.medicare-link.com](http://www.medicare-link.com)

---

## Transfer Claims to Other Regions

If you will be submitting claims to the Region A DMERC that need to be transferred to another region, you must first contact the other region to be set up. You will need to give them your submitter number, company name, and provider number. Below is a list of the other region's phone numbers.

Region B Administar Federal	800-952-2068
Region C Palmetto	803-788-9751
Region D CIGNA	208-342-4440

---

## New Acknowledgment Reports

The EDI Unit has been 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 call the EDI Unit.

---

## 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.

---

## BBS Supplier Questionnaire System

An electronic inquiry system has been implemented on the EDI 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 <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 to us via the BBS mail system or by calling the EDI Unit.

---

## Claim Status Inquiries

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 claim 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 EDI Help Desk.

---

## Functional Acknowledgment Standard Format

On October 1, 1996, we began to 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 EDI Support Team. We will continue to return the acknowledgment reports that we are currently supporting.

---

## 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 28.8kb modem or through PKZIP version 2.04g whichever the biller requests.

Effective October 1, 1996, for Asynchronous communications, we will support provider access through Transmission Control Protocol/Internet Protocol (TCP/IP) via dial up, 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 EDI Unit.

---

## Testing with Region A DMERC

If you are using a Vendor's software you must pass testing with us. A test submission must contain 20-30 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.

---

## 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.

---

## Fax/OCR, Diskette and Touch-tone Phone Claims

Effective October 1, 1998, claims received via fax/optical character recognition (OCR), diskette, and touch-tone phone will no longer be counted or paid as Electronic Media Claims (EMC) and providers can choose from among other options including the contractor's free personal computer billing software (MCM 3024.2 and 5240 and MIM 3600.1). However, providers that continue to use the above options after October 1, 1998 through a clearinghouse, will be considered an EMC, if the clearinghouse reformats/transmits these claims to a contractor in a Medicare approved national standard electronic format (i.e., NSF, electronic UB-92, or X12).

*Region A DMERC does not recognize OCR or touch-tone phone claims.*

---

## Billing Services and Clearinghouses

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

---

## Biller Code Rejects

Region ADMERC 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 EDI 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 EDI Unit.

---

## 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 to send production claims, please contact us. We need to change your account information on the Bulletin Board so you don't encounter any problems with your files being overwritten. If you need to have access 10 or more times a day, please contact the EDI Unit.

---

## Secondary Insurance

If you are including secondary insurance information on the claims that you transmit to us all required information must be completed.

If your secondary insurance type is MG or OT an OCNA (Other Carriers Name and Address) number is required. If you do not fill in an OCNA number, your claims will reject on the front end edits. If the secondary insurance company does not have an OCNA number, this information does not need to be sent to us. You should answer no for secondary 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 Medicare Secondary Payer (MSP) 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 EDI Unit. If you are using a vendor's software, please contact your vendor with any questions.

---

## 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 CMN (GX1 6.0)** - If the patient has a portable oxygen system this field is required and must be filled in.

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

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

8. **Individual Names**

- **Last Name and First Name**

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

- **Middle Initial**

- Must contain A-Z or blank

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

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

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

Electronic billing can supply the solution. Region A offers a free software program called "Accelerate" which uses a claim entry screen that resembles the HCFA -1500 form. The EDI Team will assist with software installation and provide the support needed to run this program. By following the steps below, the EDI Team can start today to help you with electronic billing, even with a vendor or billing service.

<b>For Accelerate Users</b>	<b>Vendor/Billing Service</b>
1. Contact the EDI Team by phone, mail, or FAX.	1. Contact the EDI Team by phone, mail, or FAX.
2. A Submitter number will be assigned to you.	2. A Submitter number will be assigned to you.
3. An agreement and the Accelerate package will be mailed to you.	3. An agreement and the testing procedures will be mailed to you.
4. The EDI Department will put you into production upon receipt of your signed agreement.	4. Contact your vendor/billing service to arrange for testing of at least 20-30 claims. Once your test is passed and your signed agreement returned to us, you will be ready to transmit DMEPOS claims.
5. Our EDI Team will help you install and transmit your DMEPOS claims.	5. Our EDI Team will be glad to assist you in setting up to transmit your claims through a vendor/billing service.

EDI 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 EDI Department by mail (DMERC Region A, Attn: EDI 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 EDI Representative call me.

Office Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Volume of Medicare DMEPOS claims per month \_\_\_\_\_

Supplier Number / NSC# \_\_\_\_\_

# HCPCS Codes

## Incorrect HCPCS Codes

Claims submitted with incorrect HCPCS codes/modifiers will be rejected without appeal rights under the return/reject procedures. These claims may be resubmitted with the correct codes/modifiers. For further information please refer to page 19 of the December 1995 issue of the *DME Medicare News*.

## New Code for Amphotericin B

A new code has been created for Amphotericin B. The new code is **K0453 - Injection, Amphotericin B, up to 50mg**. Claims for Amphotericin B were previously filed to the DMERC using J7799-NOC Drugs, other than inhalation drugs, administered through DME. Effective for dates of service January 1, 1997 and after, claims for Amphotericin B must be submitted to the DMERC using code K0453.

## Claims Processing Jurisdiction Changes

There have been claims processing jurisdiction changes for the following devices:

- Refill Kit for Implantable Infusion Pump
- Dental Devices (TMJ Devices)

### Refill Kit Implantable Infusion Pump

HCPCS Code **A4220 - Refill Kit for Implantable Infusion Pump**, was formerly local carrier jurisdiction if incident to a physician's service; otherwise, the DME Regional carrier (DMERC) had jurisdiction.

Effective for claims with dates of service on or after January 1, 1997, A4220 is changed to local carrier jurisdiction only, since implanted and related devices should be processed at the local carrier level.

### Dental Devices (TMJ Devices)

HCPCS codes **E1700 - Jaw Motion Rehabilitation System; E1701 - Replacement cushions for jaw motion rehabilitation system, package of 6 and E1702 - Replacement measuring scales for jaw motion rehabilitation system, package of 200**, were formerly DMERC jurisdiction only.

Effective for claims received on or after June 30, 1997, codes E1700 - E1702 will be changed to local carrier jurisdiction, since they are not considered to be DMEPOS.

## SADMERC's HCPCS Unit and Helpline

The SADMERC is responsible for the coordination of all HCPCS coding activities for Durable Medical Equipment, Prosthetics, Orthotics and Supplies for Medicare. The SADMERC operates a HCPCS coding HELPLINE, responds to written inquiries, and assists with new and existing code requests.

SADMERC's primary responsibility in maintaining the HELPLINE is to assist suppliers with codes for Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS). They also assist with Medicare allowables for items that are categorized as fee schedule.

If a written inquiry is received regarding HCPCS codes and/or allowables, they will answer these questions in writing. Along with your inquiry, it is necessary to include a complete description and a clear picture of your item(s). If possible, please provide the manufacturer's product literature along with your request. Please remember to identify yourself and your company so that they may be sure to respond to the appropriate person.

The SADMERC also coordinates reviews of the new HCPCS code requests and coding verification of products by the four DMERCs. The code requests are submitted by the manufacturers of new products directly to the SADMERC.

If you have any questions regarding any of the following, please contact the DMERC that processes your claims:

- Coverage
- Claim Inquires
- Claim form(s)
- Required documentation
- Allowables for Reasonable Charge items

---

## New NDC # for Melphalan

Effective for dates of service on or after July 1, 1997, **Melphalan, 2mg 1 tab, per unit** manufactured by **Glaxo - Wellcome** is assigned the NDC #/code **00173-0045-35**. This code must be used on claims submitted to the DMERC.

---

## XX013 Deleted

Effective for dates of service on or after July 1, 1997, **XX013 - Lubricant, Individual sterile packet, each** is deleted. Claims for this product should be billed to the DMERC using K0281 - Lubricant, Individual sterile packet, for insertion of urinary catheter, each.

# Medical Policy

---

## Cold Therapy Policy

An interim policy on Cold Therapy was published in the December 1996 newsletter. This policy was scheduled to take effect on April 1, 1997. Concurrent with the publication of the interim policy, a request for comments was also published. The deadline for comments was March 1, 1997.

Comments were received from a variety of individuals and groups. These comments have been reviewed. No changes will be made to the policy as a result of the comments received. The policy became effective on April 1, 1997 as scheduled.

---

## L5617 Coverage Change

The Lower Limb Prosthesis policy published in the December 1996 newsletter stated that a quick change self aligning unit (L5617) was considered a convenience item and therefore noncovered. Additional information presented in response has resulted in a change to the policy. L5617 is no longer considered a convenience item and is therefore covered. The statement to that effect has been removed from the policy. **An update to the Lower Limb Prosthesis policy is published in the *Supplier Manual* revision accompanying this newsletter.**

---

## Suppliers Billing for Drugs

Effective for dates of service December 1, 1996 and after, only entities legally licensed to dispense prescription drugs may bill the DMERC for drugs associated with Part B DME or prosthetic devices. The National Supplier Clearinghouse (NSC) now requires a copy of pharmacists' licenses and, if applicable, the pharmacy's license to be submitted with the application for supplier number.

If you bill the DMERC for drugs used in conjunction with DME or prosthetics (e.g., nebulizer drugs, IV medications for pain management, antiviral drugs, cancer treatments, or parenteral nutrients) and your NSC billing number was issued before December 1, 1996 and you have never submitted a copy of your pharmacy/pharmacist licenses to the NSC, we recommend that you do so at your earliest convenience. The NSC has advised us that they will be updating their files to assure that pharmacies and other DME suppliers with pharmacists meeting the licensure requirements are correctly identified. The DMERCs will deny claims and request repayment for drugs provided on or after December 1, 1996 billed by entities who are known not to meet pharmacy/pharmacist licensure requirements. Questions regarding this issue should be directed to the NSC at 803-754-3951.

---

## Dynamic Joint Contracture Devices

Effective for dates of service on or after November 1, 1997, codes L2860 and L3890 for the “concentric adjustable torsion style mechanism” of various joint contracture devices will be invalid for claim submission to the DMERC. These codes have been used along with other L codes to bill for dynamic contracture devices including but not limited to those by Ultraflex and Empi. The DMERCs have determined that these items are similar to devices that are coded E1800-E1830 and are considered DME.

For claims with dates of service on or after November 1, 1997, codes E1800-E1815, E1825 and E1830 must be used for the device itself and they include the joints. These codes are in the capped rental payment category and the usual payment policy and coding guidelines for capped rental items apply - i.e., KH, KI, and KJ modifiers; 10th month rent/purchase option; maintenance and servicing; etc. Code E1820 is used for the interface material. It is in the inexpensive or routinely purchased payment category and is billed in addition to the first month’s rental of the device.

Codes L2860 and L3890 will continue to be valid for dates of service before November 1, 1997.

Questions concerning the coding of specific products should be directed to the SADMERC.

---

## Stocking Supporter Grips

Medicare does not reimburse for stockings, therefore, stocking supporter grips (L0982) will be denied as non-covered when billed to the DMERC. This is effective for claims with dates of service on or after October 1, 1997.

---

## Home Dialysis Supplies and Equipment - Correction

The recently published update to this policy omitted language in the Coding Guidelines section. A sentence describing the typical quantities that comprise one unit of service was inadvertently left out.

“For dialysis supply kits (A4820, A4900, A4901, A4905), one unit of service would represent the amount of supplies needed for one month of dialysis.” has been inserted and a corrected page, **is included in the *Supplier Manual* revision.**

---

## Filtered, Disposable Nebulizer Administration Sets (K0171)

The DMERC Regional Medical Review Policy (RMRP) on nebulizers, published in December 1996, and revised in March 1997, states that K0171 (Administration set, small volume filtered pneumatic nebulizer) is covered when used for the administration of the drug, pentamidine in patients with HIV infection (ICD-9- Dx 042). However, the code appears in a list of codes of small volume nebulizers and related accessories, and could be incorrectly construed as applying to a list of diagnoses including obstructive pulmonary disease, cystic fibrosis, or thick, tenacious secretions, as well as HIV.

K0171 is not medically necessary for the administration of medications other than pentamidine. **A revision of this section of the policy that clarifies this issue is included in the *Supplier Manual* revision, accompanying this Newsletter.**

---

## Oxygen Policy - Testing/ Documentation Requirements

**T**he revised 484 form that is **included in the accompanying *Supplier Manual* revision** has a question (#2) that asks whether the qualifying blood gas or oximetry test was performed “EITHER with the patient in a chronic stable state as an outpatient OR within two days prior to discharge from an inpatient facility to home.” The purpose of this question is to make sure that the reported test result documents the necessity for chronic oxygen use in the home setting.

Patients with pulmonary or cardiac disease who are not on chronic oxygen therapy may be hospitalized with an acute condition (e.g., pneumonia, congestive heart failure, inflammatory and/or reactive airway disease, etc.) which results in significant hypoxemia that requires the administration of oxygen. In these situations, specific treatment directed at the acute condition will usually result in improvement of the hypoxemia. If use of oxygen at home following discharge is being considered, an oxygen test obtained early in the course of these hospitalizations does not provide adequate documentation of medical necessity for oxygen at home. Testing as close as possible to the patient’s discharge to home is the best documentation of the necessity for oxygen at home. This is the reason for asking whether the medical necessity for oxygen, which is initially prescribed at the time of discharge from an inpatient facility, has been documented by a test within two days prior to discharge. As has always been the policy, if multiple tests have been performed, the value reported must be the most recent test (prior to the certification date on the form) that assesses the need for chronic home oxygen therapy. For patients who are hospitalized with acute cardiopulmonary conditions, it is common to monitor their response to therapy with tests such as oximetry. The question on the revised 484 form is merely a reflection of good medical practice.

Furthermore, in these situations, continued treatment of the acute condition following discharge will likely result in further improvement of the hypoxemia. It is common for the physician to monitor the patient’s progress with oxygen tests during the first 1-3 months following discharge. This may lead the physician to modify the order or discontinue the oxygen if it is no longer needed. The supplier is encouraged to communicate to the physician Medicare coverage criteria for home oxygen therapy.

Similar to the situation with hospitalized patients, if home oxygen therapy is initiated on an outpatient basis (i.e., not immediately following a hospitalization), the qualifying test must reflect the patient’s chronic cardiopulmonary state. The test which is submitted must not be one obtained during an acute cardiopulmonary exacerbation - e.g., during an emergency room visit.

For question #2 on the revised 484 form, “two days prior to discharge” refers to two calendar days. For example, if the patient is discharged on June 4, question #2 would be answered Yes, if the reported test were performed on June 2, 3, or 4. If the answer to question #2 is No, the supplier can send in additional information from the physician to explain why the reported test was not performed within the defined parameters.

---

## Support Surfaces - Group 2 - Code Changes/Policy Revision

In the Pressure Reducing Support Surfaces - Group 2 policy, the narrative for code K0413 has been revised and a new code has been added.

- K0413 Non-powered, advanced pressure-reducing overlay for mattress, standard mattress length and width
- K0454 Non-powered, advanced pressure-reducing mattress

The revision and addition are valid for dates of service on or after September 1, 1997. Both codes are in the capped rental payment category. **A revision of the Pressure Reducing Support Surfaces - Group 2 policy is published in the accompanying Supplier Manual update.** Required product characteristics for both of these codes are included in the Definition section of the policy. Criterion #4 in the definitions refers to "documented evidence to substantiate that the product is effective." In evaluating this criterion, a broad range of available evidence will be considered and its quality will be evaluated by the DMERCs and SADMERC. Acceptable documented evidence may include: published authoritative studies, scientific data or research studies, consensus of expert medical opinion, or medical opinion derived from consultation with medical associations or other health care experts. Testimonials from physicians, other clinicians or patients and limited case studies distributed by sponsors are not sufficient for this criterion to be met.

The ZX modifier should be used for billing these codes only when the criteria for its use (as specified in the Documentation section of the Group 2 Support Surfaces policy) are met.

The only products that may be coded and billed using code K0413 or K0454 are those products for which a written coding determination specifying the use of these codes has been made by the SADMERC. At the present time, the only products that may be billed to the DMERC using code K0413 are the ROHO Dry Flotation Mattress System and the RIK Fluid Overlay. The only product that may be billed using code K0454 is the RIK Fluid Mattress. If a supplier or manufacturer thinks that another product meets the definition of this code, they must contact the Statistical Analysis DME Regional Carrier (SADMERC) for a written coding determination.

Some examples (not all-inclusive) of products that have not been approved as code K0413 or K0454 are as follows (manufacturer and SADMERC approved codes are noted): ISIS (Atlantis Medical, E1399), ZAAM (Atlantis Medical, E0186), Pressure Guard Custom Care (Span-America Medical Systems, E0186), FlexCell (Zephyr Therapeutics, E0186), Sofflex (Crown Therapeutics, E0197).

If the supplier had previously been billing for the RIK Fluid Overlay or Mattress using code E1399, they should switch to code K0413 or K0454 beginning with dates of service on or after September 1, 1997. They should bill continuing with the capped rental schedule currently in place. For example, if claims had been submitted for July and August dates of services using code E1399, the September claim would be submitted as K0413RRKI (for the overlay) or K0454RRKI (for the mattress) considering it to be the third rental month. The September claim should be accompanied by a statement specifying the initial date that the item was furnished. This information should be put in the HA0 record of an electronic claim or attached to a hard copy claim.

# Pricing

## Final Notice of Inherent Reasonableness

### Enteral Nutrient Coding & Pricing Changes

In December 1996, we published a notice of our intent to apply Inherent Reasonableness (IR) to the allowables for Category IV and V enteral nutrients and to replace temporary Level III product-specific local HCPCS codes with existing Level II permanent HCPCS codes, B4154 and B4155. Suppliers were asked to submit comments in response to this notice by January 31, 1997; United HealthCare Region A DMERC received 7 responses within this time frame. After careful consideration of each comment (addressed below), we have decided to proceed with this initiative as proposed.

Therefore, this will serve as final notice that, effective for dates of service (DOS) on or after January 1, 1998, local HCPCS codes XX030-XX058 and XX073-XX084 will be replaced by B4154 and codes XX059-XX072 will be replaced by B4155. The XX codes will continue to be valid for DOS prior to January 1, 1998, regardless of the date of claim receipt. The XX codes will be rejected as invalid if the DOS is on or after January 1, 1998. When an XX code exists for a product, suppliers should not use B4154 or B4155 in place of the XX code for dates of service prior to January 1, 1998.

For 1998, the Medicare allowables for codes B4154 and B4155 will be determined under the established Reasonable Charge methodology. This process involves the calculation of Supplier-Specific Customaries, National Prevailing Charges, Lowest Charge Levels (LCL), and Inflation Index Charges (IIC). Payment is made at the lowest of these four values or the submitted charge. The submitted charges for the XX codes will be crosswalked to the appropriate B code prior to calculation of the 1998 Customaries, Prevailings, and LCLs. However, the 1998 IICs for B4154 and B4155 will be

based upon the previously published 1997 IR allowances (\$1.18 for B4154 and 93¢ for B4155) updated by the annual consumer price index update (CPI-U) factor. The 1998 CPI-U factor has not been determined at this time. (Note: The 1997 allowances listed above will not be used to determine payment for 1997 dates of service.)

### CMN Instructions/Other Billing Instructions

For patients who have a CMN for an XX code which is valid as of December 31, 1997, another CMN does not need to be submitted for code B4154 or B4155 as long as it is for the same product. The DMERCs will use the information from the most recent corresponding XX code certification record to set up a new certification record for code B4154 or B4155. For example, if the DMERC receives a claim for code B4154 with a date of service of January 5, 1998, and if there is no valid certification record on file for B4154, but a certification record was set up for code XX049 (with an Initial Certification date of April 1, 1997) and subsequently the patient was switched to code XX030 (with an Initial Certification date of July 1, 1997), the DMERC will set up a certification record for code B4154 based on the information on the XX030 certification record (since it is the most recent). If the first claim submitted with code B4154 or B4155 is for a different Category IV or V product than the most recent XX code certification on file with the DMERC, or if the patient is receiving two Category IV or two Category V nutrients at the same time, a Revised CMN must be submitted to the DMERC with the first claim for code B4154 or B4155 with a date of service on or after January 1, 1998. Also, if the Category IV or V enteral nutrient being provided is changed after January 1, 1998, a Revised CMN must be submitted to the DMERC. The initial date listed in Section A of a Revised CMN for code B4154

*(continued on next page)*

or B4155 must match the initial date on the certification record for code B4154 or B4155 which has been set up by the DMERC.

Each claim submitted with code B4154 or B4155 must include the product name of the nutrient which is provided. This should be entered in the HA0 record of an electronic claim or attached to a hard copy claim.

If two Category IV or two Category V nutrients are being provided at the same time, they should be billed on a single claim line with the units of service reflecting the total calories of both nutrients.

Only those products on the following list may be billed using code B4154 or B4155. If a manufacturer or supplier thinks that another product meets the definition of this code, they should contact the SADMERC for a coding determination. The SADMERC must issue a written determination approving use of code B4154 or B4155 before either may be used for a new product or a product not listed in the following table.

<b>Product Classification List</b>			
<b>B4154: Enteral formulae; Category IV: defined formula for special metabolic need</b>			
Accupeg HPF	Impact	Peptamen Junior	Replete with Fiber
Advera	Impact 1.5	Peptamen VHP	SandoSource Peptide
AlitraQ	Impact with Fiber	Perative	SLD
Amin-Aid	ImunnAid	Pregestimil	Suplena (Replena)
Choice DM	Isosource VHN	Pro-Peptide	Stresstein
Citrotein	L-Emental Hepatic	Pro-Peptide VHN	Traumacal
Crucial	L-Emental Plus	Protain XL	Travasorb Hepatic
Diabetisource	Lipisorb	Provide	Travasorb MCT
Entera OPD	Nepro	Pulmocare	Travasorb Renal
Fulfil	NutriHep	Reabilan HN	Vivonex Plus
Glucerna	Nutrivent	Renalcal	Vivonex T.E.N.
Hepatic Aid	Peptamen	Replete	
<b>B4155: Enteral formulae; Category V: modular components (protein, carbohydrates, fat)</b>			
Casec	MCT Oil	Polycose	Promix
Elementra	Microlipid	Procare	Propac Plus
Fibrad	Moducal	ProMod	Sumacal

*(continued on next page)*

---

## Summary Comments and Responses

Most comments received were very similarly (and many identically) worded. They are represented by the following sample summary statements:

*Several commenters have alleged that there is no legal authority for the application of the inherent reasonableness provisions of the law to the PEN benefit, citing a conference agreement report accompanying the Omnibus Budget Reconciliation Act of 1986. The referenced passage in the report is:*

*“The conferees expect that all available charge data submitted by suppliers of such services would be used in calculating the lowest charge levels. The Secretary and carriers would therefore be prohibited from using ‘inherent reasonableness’ in establishing the lowest charge level.”*

### Response

- Whatever the expectations of the conferees at the time, there was no revision of the law then or subsequently that would prohibit the application of inherent reasonableness for PEN, and the conference agreement statement in itself is not binding. The “therefore” in the second sentence is based on an unfounded premise — that somehow reasonable charge limits other than those imposed by the LCL did not make use of all available charge data. In fact, all available charge data is routinely used in establishing all reasonable charge limits, and that in no way precludes the subsequent adjustment of those charge limits under inherent reasonableness authority.
- A discussion of inherent reasonableness vis-à-vis pricing at the lowest charge level in an April, 1987 **Federal Register** clearly indicates that the lowest charge level method of reimbursement does not preclude the application of inherent reasonableness:
- “[The] use of inherent reasonableness is limited to special circumstances, while the use of LCLs is required whenever it can be determined that items do not vary significantly in quality. The use of LCLs does not guaran-

tee an inherently reasonable result, so that this principle may be applied to those services for which LCLs have been established. Therefore, the use of LCLs and the use of inherent reasonableness screens must be viewed as concurrent limitations, not as substitutes for one another.” [FR 4/20/87, p. 12975; underscoring added]

*Commenters also voiced concern that HCFA and the DMERCs did not publish changes to the national policy and reasonable charge in the Federal Register as required by law.*

### Response

- This is not a national policy decision initiated by the Health Care Financing Administration (HCFA). Rather, this initiative is a collective effort among the four DMERCs and the SADMERC. Therefore, publication of proposed changes in the *Federal Register* is not required; use of the DMERCs’ bulletins is the appropriate mode of communication. It is also important to note that there are two separate, although related, issues involved: 1) coding and 2) pricing. The IR process (e.g., official notice and comment period) applies to the pricing issues only which are addressed in the second paragraph below.
- HCFA has, for some time, been concerned with the number of local codes in existence at its contractors, and as it moves toward the standardization of Part B claims processing, HCFA has notified carriers of the need to eliminate local variations in the HCPCS coding structure. Thus, the local XX HCPCS codes must be converted to permanent Level II HCPCS codes. The process by which this is accomplished, as well as the method of transferring pricing from deleted codes to existing codes, is governed by long-standing Medicare policy, distinctly different from the IR process. This coding change is distinctly different from the IR pricing issues described below.

*(continued on next page)*

- The IR adjustment proposed is very narrow in scope, and relates only to the imposition of the 1996 inflation index limit. Due to technical requirements for determining reasonable charges, the 3 percent inflation limitation was not applied to the 1996 XX code allowances. The SADMERC determined that the resulting unrestricted payment allowances, which were substantially in excess of what would have been allowed if the inflation index limitation had been applied, are inherently unreasonable. There is no reasonable rationale for exempting certain Category IV and V enteral nutrients from the inflation update limits while applying it to other products. Therefore, the 1995 allowances, which reflect inflation index limitations, will be used in the calculation of the 1998 payment allowances. The resultant 1998 allowances for B4154 and B4155 will be derived in the manner described above.

*Many commenters alleged that Category IV enteral products are superior to Category I products, meeting the specific metabolic needs of patients with different diseases. They believe Category IV products are dissimilar from one another.*

#### **Response**

- While it is true that these Category IV enteral nutrient products are dissimilar to those in the Category I class of products and to one another, they are categorized as being formulated to address the metabolic needs of specific disease states, having been developed based upon theoretical concepts of nutritional and metabolic requirements found in these disease states. Varying amounts of carbohydrates, amino acids, different forms of fatty acids, etc., constitute the various products, which theoretically may improve treatment outcomes in patients afflicted with diseased organs when used in conjunction with other medical therapeutic modalities. Studies done by their manufacturers are based on component aspects of disease states, often at the cellular level and represent in-vitro findings. However, no well-controlled published studies have been done to prove the increased in-vivo efficacy of treatment employing these Category

IV nutrients, compared with regimens that use basic (B4150) enteral nutrients to support the nutritional needs of diseased or stressed patients.

- For instance, in the case of diabetes mellitus, the proven value of Category IV products designed for this disease has not been demonstrated using actual patient populations controlled for other variables such as age, obesity, concurrent disease states, careful serum glucose monitoring with frequent and adept insulin adjustments, etc. These products have been classified as “foods” and not drugs by the Food and Drug Administration, thus allowing manufacturers to imply therapeutic effects while avoiding the need to prove their *therapeutic* efficacy and added value in the *treatment* of various disease states. If manufacturers wish to make claims of efficacy for these products similar to those of other medically proven treatment regimens (such as is required with medications), they should subject their products to the same rigors of testing in well controlled studies within clinical patient populations.
- Use of Category IV nutrients by the general practicing community has developed as an unproven practice tradition, often based upon the marketing success of these products’ manufacturers, and anecdotal impressions, rather than upon their proven therapeutic efficacy in patient outcomes, as established in published studies.

*Commenters suggested that Category IV Products should at least be collapsed into disease-specific coding categories to allow more differentiated levels of pricing, reflecting the different ingredients being supplied:*

#### **Response**

- Based upon the fact that none of the current Category IV products have had their therapeutic value proven, as established in the above comment, there is little rationale to subdivide these products by disease category, allowing for the differential (and higher) reim-

*(continued on next page)*

bursement of some disease-class products over others, when none have established their proven need.

- Such reasoning begs the question, why retain any Category IV products in a coding classification distinct from Category I products, with its generically higher reimbursement amount? While such a more radical position might be justified based on lack of these products' proven efficacy, at this time, the DMERCs have taken the current more moderate position of having at least one generic Category IV code in deference to the already established practice patterns of clinicians who order these products, either out of habit or tradition, or based upon personal subjective beliefs in their efficacy.

*Another concern commenters expressed was for the quality of healthcare for beneficiaries. Suppliers feel they will not be able to continue to supply the more expensive Category IV products based on one new generically established Medicare reimbursement rate. Medicare beneficiaries will be negatively impacted with less appropriate care, more hospitalizations, and overall poorer patient outcomes if certain Category IV products are rendered less available for use in their therapeutic regimens, due to decreased reimbursement levels.*

#### **Response**

- Based upon the above comments, Medicare should not pay for any therapeutic modality that is not "reasonable and necessary" for the treatment of its beneficiaries. If what is reasonable and medically necessary is not established in well constructed, peer-reviewed published studies, then establishing the concept is reduced to subjective claims and marketing pressure.

Just as the increased therapeutic value of Category IV products has not been proven, similarly the anticipation of dire treatment failures from decreased reliance on their use has also not been proven. It is incumbent upon any researcher or manufacturer to first prove the need for, and added therapeutic value of a treatment regimen before assertions about the negative consequences of their removal can be seriously entertained.

Further comments echoed concern that future product research and development will become cost prohibitive, due to the decreased level of reimbursement received on these products.

#### **Response**

- The Medicare Trust Fund is not meant for the purpose of financially supporting the research and development (R&D) efforts of private manufacturers. As with any potential new or untested drug or technology development, researchers invest in their own (R&D) ideas, considering that they will reap the free-market rewards of those which proves worthwhile. If a new drug or technology proves its increased treatment efficacy, its use will soon enough be adopted, with consequent profits justifying its (R&D) investment. Medicare does not exist to remove the risks and costs of such development efforts.

In the future, should a manufacturer conduct and have published properly conducted studies demonstrating proven efficacy in real clinical patient populations of a disease-specific enteral nutrient product, the DMERCs will certainly consider recommending a specific code for that product, with associated inherently reasonable pricing.

## Corrected and New Fees Developed by the DMERCs

CODE	CT	DE	MA	ME	NH	NJ	NY	PA	RI	VT
A4322	\$2.90	*	\$2.90	\$2.90	\$2.90	*	\$2.90	*	\$2.90	\$2.90
K0530NU	127.85	127.85	127.85	127.85	127.85	127.85	127.85	127.85	127.85	127.85
K0530RR	12.78	12.78	12.78	12.78	12.78	12.78	12.78	12.78	12.78	12.78
K0530UE	95.88	95.88	95.88	95.88	95.88	95.88	95.88	95.88	95.88	95.88
K0089NU	399.73	399.73	399.73	399.73	399.73	399.73	399.73	399.73	399.73	399.73
K0089RR	39.97	39.97	39.97	39.97	39.97	39.97	39.97	39.97	39.97	39.97
K0089UE	299.80	299.80	299.80	299.80	299.80	299.80	299.80	299.80	299.80	299.80
K0269RR	36.34	35.65	36.34	36.34	36.34	34.27	35.42	35.01	30.89	36.34
K0270RR	38.40	38.40	38.40	38.40	36.22	37.45	37.01	32.64	38.40	37.70
K0454RR	586.09	575.22	586.09	586.09	586.09	552.98	571.43	564.75	498.18	586.09
K0501RR	28.58	28.04	28.58	28.58	28.58	26.97	27.86	27.53	24.29	28.58
K0529NU	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62
L5845NU	1293.45	1293.45	1293.45	1293.45	1293.45	1293.45	1293.45	1293.45	1293.45	1293.45
L8614NU	14074.16	14334.24	14074.16	14074.16	14074.16	14086.5	14086.5	14334.24	14074.16	14074.16
L8619NU	6041.95	6153.58	6041.95	6041.95	6041.95	6047.24	6047.24	6153.58	6041.95	6041.95

\*No correction applied for this state.

## Supplier Manual Updated Fees

We are publishing the following updated fees from the fee schedule. These fees were effective January 1, 1997. Please place this information with your Region A Supplier Manual.

CODE	CT	DE	MA	ME	NH	NJ	NY	PA	RI	VT
A4353	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66
A4365	10.80	10.80	10.80	10.80	10.80	10.80	10.80	10.80	10.80	10.80
A4368	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
A4481	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36
E0159NU	16.99	16.99	16.99	16.99	16.99	16.99	16.99	16.99	16.99	16.99
E0159RR	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72
E0159UE	12.76	12.76	12.76	12.76	12.76	12.76	12.76	12.76	12.76	12.76
K0452NU	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25
K0452RR	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
K0452UE	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70
L2039	1600.62	1600.62	1600.62	1600.62	1600.62	1600.62	1600.62	1600.62	1600.62	1600.62
L2430	70.75	70.78	70.75	70.75	70.75	70.75	70.75	70.78	70.75	70.75
L2755	94.07	94.09	94.07	94.07	94.07	94.07	94.07	94.09	94.07	94.07
L5814	2680.05	2680.06	2680.05	2680.05	2680.05	2680.05	2680.05	2680.06	2680.05	2680.05
L5987	5191.27	5191.28	5191.27	5191.27	5191.27	5191.27	5191.27	5191.28	5191.27	5191.27
L6807	1291.56	1291.56	1291.56	1291.56	1291.56	1123.56	1123.56	1291.56	1291.56	1291.56
L6808	981.02	1008.16	981.02	981.02	981.02	853.21	853.21	1008.16	981.02	981.02
L8417	54.19	54.22	54.19	54.19	54.19	54.19	54.19	54.22	54.19	54.19

## Miscellaneous

### Faxing the DMERC

When faxing the DMERC, please make sure that the following information is included on the cover sheet:

- Name of Person (who will be receiving the fax)
- Unit Name
- Phone Number
- Name of Person (who is sending the fax)
- Name of Company
- Phone Number
- Fax Number
- Number of Pages

If we receive faxes that are not addressed to an appropriate person or unit, we cannot guarantee that the fax will be delivered to that person/unit.

If you have any questions on the above information, please contact Provider Services at 717-735-9445, Monday - Friday, 8:00 a.m. - 4:00 p.m.

### Supplier Manual on the Internet

Region A DMERC, has recently learned that our supplier manual is available on the internet from a vendor who is selling electronic copies. The Region A DMERC does not endorse the accuracy or the currency of any such material in that supplier manual. Our supplier manual is issued free of charge to new suppliers who have recently received NSC numbers. Additional copies can be purchased at a cost of \$50.00 per manual. If you would like an additional copy please submit your request in writing along with a check for \$50.00 to:

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

### Changes Affecting Medicare Beneficiaries Who are Eligible for Medicaid Benefits

Effective July 1, 1997, certain Medicare beneficiaries who live in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties, and receive Medical Assistance, will be enrolled in a HealthChoices Health Maintenance Organization (HMO). The HealthChoices HMOs are: HMA Health Plan, Health Partners, Keystone Mercy, and OakTree/Oxford. HealthChoices is a program developed by Pennsylvania Department of Public Welfare (DPW), and approved by the Health Care Financing Administration. The goals of the HealthChoices Program are to improve the accessibility, continuity, and quality of health services for Pennsylvania's Medical Assistance populations, while controlling the Program's rate of cost increase. The HealthChoices Program was designed through a collaborative process that included feedback from public meetings, the provider and consumer communities, multiple Commonwealth government agencies, and the Health Care Financing Administration.

Under the HealthChoices Program, a Medicare beneficiary does not need prior authorization from the HMO to obtain Medicare-covered services. The HMOs are responsible for paying Medicare beneficiaries' coinsurance and deductible amounts. Medicare beneficiaries do not lose any benefits under the HealthChoices Program. In addition, a Medicare provider does not have to enroll in one of the HealthChoices HMOs to receive payment for coinsurance and deductible amounts for Medicare beneficiaries.

The state of Pennsylvania has contracted with Benova, to help beneficiaries who are dually eligible for Medicare and Medical Assistance learn about HMOs, so that they can select the best one to suit their needs. If a Medicare beneficiary who is dually eligible does not select an HMO, the DPW will select one for them.

If you would like additional information on the HealthChoices program, please call Benova at 1-800-440-3989, Monday through Friday between 8:00 a.m. and 5:00 p.m., or on Saturday between 10:00 a.m. and 2:00 p.m. If you would like to contact one of the HealthChoices HMOs concerning information on becoming a provider, or billing of coinsurance and deductible amounts for Medicare patients, please call the telephone numbers listed below:

HMA Health Plan	1 800 321-4462
Health Partners	1 800 553-0784
Keystone Mercy	1 800 521-6860
OakTree/Oxford	1 800 959-6258

HCFA's Regional Office in Philadelphia, Pennsylvania and its Office of Managed Care in Baltimore, Maryland with Pennsylvania's Department of Public Welfare will monitor the activities of the HealthChoices HMOs.

---

## Beneficiary Liability

Section 1879 of the Social Security act (the Act) limits beneficiary liability on certain assigned claims, including DME-POS, where the beneficiary could not reasonably be expected to know that the items/supplies were not reasonable and necessary under Section 1862(a)(1) of the Act (i.e., medical necessity denials). Sections 1879(h) and 1834(j)(4) of the Act extend and strengthen the limits on beneficiary liability for DMEPOS (including surgical dressings, certain immunosuppressive drugs, therapeutic shoes for diabetics, and self-administered erythropoietin) furnished on or after January 1, 1995 to include both assigned and unassigned claims for DMEPOS that is found to not be reasonable and necessary, or that is furnished by a supplier which does not have an NSC number, or that has been denied in advance under prior authorization procedures. In most cases, the Act indicates that a beneficiary may be charged ONLY if the beneficiary was properly advised before the DMEPOS is furnished that the item(s) probably would not be covered by Medicare and why they may not be covered, and if the beneficiary agreed to be personally responsible for payment (see chapter 12 of the supplier manual).

---

## Billing Procedure - Wheelchair Options/Accessories

When billing for wheelchair options/accessories that are not included with the base chair, the following documentation is required:

1. The supplier must document the date the wheelchair was purchased.
2. The HCPCS code and description of the wheelchair base.

**This additional documentation should be transcribed into the HA0 record.**

**Please note:** If the information is not submitted on or with the claim, the claim may be denied.

---

## 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.

---

## How to Request a Fair Hearing

Those who are eligible to request a hearing are:

- A beneficiary
- A representative of the beneficiary's choice
- A supplier who has accepted assignment
- A supplier who is responsible for indemnification

### Types of Hearings

- **On-the-Record** - The decision is based on the facts on file, along with additional material evidence that is submitted with the hearing request. Oral testimony is not presented.
- **Telephone** - Oral testimony is presented.
- **In-Person** - The claimant and/or representative has the opportunity to appear in person and present oral testimony and written evidence supporting the claim, or challenge the information examined to deny the claim.

*It is very important that all pertinent documentation and material evidence be submitted with the hearing request.*

### The following steps must be adhered to when requesting a Fair Hearing:

- A review determination is a prerequisite for a hearing. The only exception to this is when the initial claim has not been acted upon with reasonable promptness.
- The time limit for filing a hearing request is 6 months from the date of the review or revised determination.
- The amount in controversy must be \$100 or more. This means that after subtracting the deductible and/or co-insurance at least \$100 must remain in question.

### Claims may be combined to meet the \$100 requirement if:

- The claims belong to the same beneficiary or the same assignee.
- The claims have been through the review process, except when the initial claim has not been acted upon with reasonable promptness.
- All claims which are combined are within the 6 month filing time limit.
- The request for a hearing must be in writing and signed by the claimant or their representative.
- The request must clearly identify the claims involved, including the reasons for the appeal.
- The type of hearing requested must be clearly indicated.

### Helpful Hints

- Do not submit multiple requests for a hearing for the same claim.
- All hearing requests are acknowledged within 10 days of receipt. If you have not received an acknowledgment within 20 days, please contact the Hearings Unit.
- When contacting the Region A DMERC Hearings Unit to check the status of your hearing, reference the hearing case number from your acknowledgment letter.
- If you receive a hearing decision which indicates additional payment is warranted, please wait 45 days before contacting the Hearings Unit with regard to this payment.
- When requesting information on a completed hearing decision, do so in writing to the Hearings Unit, not to the Fair Hearing Officers.

The following Hearing Request Form has been included for your convenience.



---

## DMERCs Attend Home Medical Equipment Industry's Future Show

In an effort to maintain a consistent approach to supplier education throughout the entire country, the four Durable Medical Equipment Regional Carriers (DMERCs), for the first time ever, shared booth space at the Home Medical Equipment Industry's Future Show '97, May 20-22, at Bally's Hotel in Las Vegas, Nevada. The annual Future Show is a mid-year buying, learning and networking event sponsored in part by the National Association of Medical Equipment Suppliers (NAMES).

Coordinated by United HealthCare, Region A DMERC, this joint effort was an attempt to better serve the supplier community. It enabled national suppliers an opportunity to interact with all four DMERCs in one convenient location, thereby offering a "one-stop shopping" approach to those seeking DMERC and related Medicare information.

Personnel representing all four DMERCs - United HealthCare, Region A; AdmiStar Federal, Region B; Palmetto Government Benefits Administrators, Region C; and CIGNA, Region D participated in this event.

Areas of DMERC representation included: Electronic Data Interchange (EDI) representatives; Professional Relations Ombudsmen; and a representative from the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC).

This was just the first of many anticipated events in which DMERCs will combine resources to provide superior customer service to our providers.

The feedback from the supplier community following this event, has been positive. We are encouraged by this, and look forward to joining forces with all DMERCs in the future.



DMERC representatives, left to right: Michelle Mascheck, Wendy Mayfield, Randy Hooson, Susan Joyce, Region B; Laura Godfrey, SADMERC; Christine Bubb, Carla Kerr, Dina Reynolds, Cynthia York, Region D; Tracy Gusditis, Debbie Meskers, Region A; Dana Causey, Region C; Tom O'Connor, Dan Fedor, Region A. Absent from photo is Robin Spires, Region C and Joe Proctor, Region B.

---

## Access to HCFA Manuals

HCFA program manuals are available and accessible to you on the internet. The address is :

[Rhttp://www.hcfa.gov/pubforms/progman.htm](http://www.hcfa.gov/pubforms/progman.htm)

The files are listed below with a brief description of the process. The files are zipped files in WP 6.1 format so you will need to download and then uncompress them. As always, this is not intended as a source of material to print. You certainly may print the pieces of the manual or include it in your correspondence, but you should generally not print large sections for your own use. These manuals are reported to be up to date, but do not include graphics so there will not be forms, tables, etc.

### Table of Contents

#### Program Transmittals & Program Memos

Pub 06	Coverage Issues Manual	Pub 23	Regional Office Manual
Pub 07	State Operations Manual	Pub 24	State Buy-In Manual
Pub 10	Hospital Manual	Pub 25	Carrier Quality Assurance Program Manual
Pub 11	Home Health Agency Manual	Pub 27	Medicare Rural Health Clinic Manual
Pub 12	Skilled Nursing Facility Manual	Pub 29	Medicare Renal Dialysis Facility Manual
Pub 13	Intermediary Manual	Pub 32	Christian Science Manual
Pub14	Carrier Manual	Pub 45	State Medicaid Manual — in Adobe Format
Pub 15-1	Provider Reimbursement Manual (PRM) Part I	Pub 75	Medicare Health Maintenance Organization Manual
Pub 15-2	Provider Reimbursement Manual (PRM) Part II	Pub 77	Federally Qualified Health Maintenance Organization Manual
Pub 19	Peer Review Organization Manual	Pub 81	ESRD Network Organization Manual
Pub 21	Hospice Manual		

**Note:** Files are compressed WordPerfect 6.1 format and some files are now available in Adobe Acrobat format.

All files are self-extracting ZIP files. This format saves disk space and time needed to download. The self-extracting ZIP file is an executable file with a .EXE extension. By simply typing in the name of the self-extracting ZIP file, the PKUNZIP extraction process will be performed. Users should also know that compressed files not only expand in size, but can also expand into multiple files.

# Supplier Notices

Professional Relations utilizes Supplier Notices as a method of notifying the Supplier Community of important changes in Medical Policy, Electronic Billing, Pricing or DMERC related activities via the Bulletin Board System (BBS), automated Response Unit (ARU), and faxed to the State Supplier Associations within Region A.

---

## February 24, 1997 Supplier Notice 97-14

### Correction to Supplier Notice 96-50

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:

**717-735-9643**  
**Attn.: Michelle Baranski**

**Please Note:** Text in bold print represents revision to previous supplier notice.

---

## February 24, 1997 Supplier Notice 97-15

### Correction to Supplier Notice 96-56

**Claims for wheelchair accessories will be denied when there is no record of the patient owning a wheelchair base.**

Documentation as to the date purchase of a wheelchair base should be provided with the claim for the accessories being billed.

This documentation will be considered for payment of the accessories when there is no record of a wheelchair base on the beneficiaries Medicare records.

**Please Note:** Text in bold print represents revision to previous supplier notice.

---

## March 20, 1997 Supplier Notice 97-16

### Attention Vision Suppliers

Due to low registration, the vision portion of the Spring '97 Continuing Education Workshop has been canceled.

Registrants for the vision session will be contacted by the Professional Relations unit concerning refund arrangements. All other vision suppliers in need of education should contact their Ombudsman.

---

**March 27, 1997  
Supplier Notice 97-17**

**Nebulizer Drug Allowances**

Attached are the allowances for the new K codes for inhalation solutions and a revised allowance for code J7051. These K codes are valid for dates of service on or after April 1, 1997. The previous J codes for inhalation solutions (J7610-J7675) will be invalid for claim submission to the DMERC for dates of service on or after April 1, 1997. However, these J codes will continue to be valid for dates of service prior to April 1, 1997, regardless of the date of claim submission.

Suppliers should refer to the Definitions and Coding Guidelines sections of the DMERC Nebulizer policy for information about the correct use of the new codes and modifiers. In particular, remember that when two or more drugs are combined by a pharmacist and dispensed to the patient in the same unit dose container, the KP and KQ modifiers used with the unit dose form codes must be selected so that the combination yields the lowest cost to the beneficiary.

---

**April 4, 1997  
Supplier Notice 97-18**

**Enteral Nutrition Services**

**This notice is to suppliers who bill EMC for Enteral Nutrition Services.**

When submitting an initial claim with supporting documentation for a pump, we recommend that you include that information in the HA0 record for each line of the claim. This will allow us to process your claims more accurately.

If you have any questions regarding the above information, please contact the EMC Unit at (717) 735-9429.

---

**April 4, 1997  
Supplier Notice 97-19**

**Proper Completion of HCFA 1500  
Blocks 25 & 33**

As a reminder to the supplier community, block 33 of the HCFA 1500 form must contain the following information: physician/supplier's billing name, address, city, state, zip code, phone and supplier number. Block 25 must contain the Federal Tax ID Number(EIN) that corresponds with the information in block 33.

The information placed in blocks 25 and 33 must be identical to that on file with the National Supplier Clearinghouse(NSC). Supplier information must coincide with the location where the service was rendered. If this information is different in any way, your claim will be denied with the following:

- 619 We cannot process this claim because you did not complete or enter the correct physician/ supplier's Medicare number, billing name, address, city, state, zip code, and phone number.
- CO Contractual Obligations.
- 16 Claim/service lacks information that is needed for adjudication.
- M82 Did not complete or enter the correct physician/supplier's Medicare number or billing name, address, city, state, zip code and phone number.

Any changes to your Federal Tax ID Number, billing name, address, city, state, zip code, and phone number must be reported to the NSC immediately. The NSC can be reached at 803-754-3951 or by writing to:

Palmetto Government Benefits Administration  
National Supplier Clearinghouse  
PO Box 100142  
Columbia SC 29202-3142

**Please note:** A copy of the NSC Change of Address Notification form was published in the March 1997 DME Medicare News, No. 33, Page 40.

---

**April 4, 1997  
Supplier Notice 97-20**

**Admission to Spring '97 Workshops**

All attendees for the spring '97 continuing education workshops **must** be pre-registered. No one will be admitted to the workshops without being pre-registered and confirmation cards must be shown for admittance to the workshop.

**There will be no registrations taken at the door on the day of the workshops. The registration deadlines were March 25, 1997 for New York State, April 1, 1997 for Pennsylvania and New Jersey, and April 16, 1997 for all New England Workshops. All registrations had to be postmarked by the dates listed above for the workshops.**

---

**April 30, 1997  
Supplier Notice 97-21**

**HCFA's Internet Homepage  
Regarding Medicare Electronic Data  
Interchange**

HCFA's Internet Homepage now has information about Medicare Electronic Data Interchange (EDI). The material includes facts about Medicare EDI, advantages to using Medicare EDI, news and updates in Medicare EDI, descriptions of Medicare EDI formats, and EDI formats to download. In addition, the material contains HCFA instructions for completing both the paper UB-92 and HCFA-1500 forms.

EDI customers now have two options for accessing this material from HCFA Central Office: the Internet or the BPO Bulletin Board (410-786-0215).

To access this material on the Internet, enter the URL address:

<http://www.hcfa.gov/medicare/edi/edi.htm>

Another method for accessing this material is by entering the URL address:

<http://www.hcfa.gov>

This will take you to the HCFA Homepage. Click on Medicare, then click on Professional/Technical Information. On the Professional/Technical Information page, click on Electronic Data Interchange (EDI).

If you have any questions, please call your regional office representative.

---

**April 30, 1997  
Supplier Notice 97-22**

**1997 Allowable for Prosthetic &  
Orthotic Code L6806**

The 1997 allowable for code L6806 (Terminal Device, Hook, TRS Grip, Grip III, VC, or equal) is as follows:

CT	\$1,167.12
DE	\$1,167.12
MA	\$1,167.12
ME	\$1,167.12
NH	\$1,167.12
NJ	\$1,167.12
NY	\$1,167.12
PA	\$1,167.12
RI	\$1,167.12
VT	\$1,167.12

# Program Integrity

The Department of Health and Human Services, Office of Inspector Gen. has issued the monthly report of health care exclusions and reinstatements dated November 1996 to January 1997.

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



## Provider/Supplier Sanctions

Please note the change in subject's name. This entry was previously published as: Juana Mayda Batista-Perez.

Juana Mayda Perez-Batista  
 FCI Danbury, Rte. 37  
 Danbury, CT. 06811  
 DOB: 1/31/57  
 Specialty: Owner/ Operator  
 Period of Exclusion: 15 years  
 Effective Date: 10/31/96

### Connecticut

Charles Cooper  
 127 N. Bishop Ave.  
 Bridgeport, CT. 06610  
 DOB: 5/27/54  
 Specialty: Family Physician/Gen. Practitioner  
 Period of Exclusion: Indefinite  
 Effective Date: 2/18/97

Patricia M. Davis  
 65 High Ridge Rd.  
 Stamford, CT. 06905  
 DOB: 5/13/56  
 Specialty: Chiropractor  
 Period of Exclusion: Indefinite  
 Effective Date: 12/11/96

Mary Denehy  
 17 Bull Rd.  
 Harwinton, CT. 06791  
 DOB: 5/10/42  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

James H. Derby  
 16 Alewife Rd.  
 Waterford, CT. 06385  
 D02897  
 DOB: 11/27/34  
 Specialty: Orthopedist  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

John Haxo  
 PO Box 2265  
 Marblehead, CT. 06777  
 DOB: 5/30/24  
 Specialty: Surgeon  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

Julia Malik  
 35 Temple St.  
 Stratford, CT. 06497  
 DOB: 8/15/64  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

Vincent Marino  
 21 Lafayette Rd.  
 Marlborough, CT. 0447  
 DOB: 10/7/58  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

George Meno  
 5 Dogwood Lane  
 Wilton, CT. 06897  
 D80740  
 DOB: 5/13/30  
 Specialty: Family Physician/Gen. Practitioner  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

Marjorie Murphy  
 193 Cherry Brook Rd.  
 Canton Center, CT. 06020  
 DOB: 2/18/51  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

Robyn C. Robinson  
 216 Bishop St., Apt. 112  
 New Haven, CT. 06511  
 DOB: 11/26/60  
 Specialty: Dentist  
 Period of Exclusion: Indefinite  
 Effective Date: 2/18/97

Richard D. Salerno  
 38 Butterfield Rd.  
 Newtown, CT. 06470  
 DOB: 7/13/34  
 Specialty: Family Physician/Gen. Practitioner  
 Period of Exclusion: Indefinite  
 Effective Date: 1/7/97

Myron Techlowec  
 7 Pitcher St.  
 Norwich, CT. 06360  
 DOB: 5/15/62  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 2/3/97

### Delaware

Janet M. Benson  
 449 Arnold Court  
 Dover, DE. 19901  
 DOB: 9/9/42  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: 5 years  
 Effective Date: 1/7/97

Zondra I. Blake  
 408 Ingraintown Rd.  
 Georgetown, DE. 11947  
 DOB: 4/12/64  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: 5 years  
 Effective Date: 1/7/97

Roger Brian Brown  
 227 N. West St.  
 Dover, DE. 19904  
 DOB: 7/14/61  
 Specialty: Nurse/Nurses Aide  
 Period of Exclusion: Indefinite  
 Effective Date: 1/7/97

Ozioma M. Dimpka  
419 E. Wind Dr.  
Dover, DE. 19901  
DOB: 5/17/73

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Ronald T. Duker  
620 E. 22nd St.  
Wilmington, DE. 19802  
DOB: 1/8/69

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Malvina James  
29 Briarcliff Dr.  
New Castle, DE. 19720  
DOB: 10/6/57

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Iris Nelson  
RD 2, Box 190  
Georgetown, DE. 19947  
DOB: 9/30/58

Specialty: Employee (Non - Gov't)  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Ernest L. Ross  
RD 2, Box 6A  
Greenwood, DE. 19950  
DOB: 10/16/56

Specialty: Employee (Non - Gov't)  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Carolyn Stanley  
8 Clayton Court  
Wilmington, DE. 19809  
DOB: 6/12/51

Specialty: Pharmacist/Pharmacy  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Demetrius Taylor  
Lot 17, Oak Meadows  
Millsboro, DE. 19966  
DOB: 11/13/66

Specialty: Employee (Non - Gov't)  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Tutse D. Towne  
PO Box 162  
Milford, DE. 19963  
B66634  
DOB: 10/27/53

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

## Maine

Candace E. Foley  
PO Box 122  
44 Main St.  
Winterport, ME. 04496  
DOB: 5/31/51

Specialty: Accountant/Bookkeeper/Audit  
Period of Exclusion: 10 years  
Effective Date: 2/3/97

Maurice Labbe  
RFD #2, Pinewoods Rd.  
Lewiston, ME. 04240  
DOB: 10/12/39

Specialty: Owner/Operator  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Mary A. McFarland  
27 Ridgeview Dr.  
Thomaston, ME. 04861  
DOB: 10/17/52

Specialty: Therapist  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Sarah E. Watson  
RFD 2, PO Box 84  
Union, ME. 04862  
DOB: 7/7/43

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 3 years  
Effective Date: 12/11/96

## Massachusetts

Peter C. Brault  
2 Narrows Rd.  
W. Minster, MA. 01473  
T58448  
DOB: 7/9/56

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Elizabeth Caraballo-Wesley  
190 Manchester St.  
Boston, MA. 02126  
DOB: 7/22/56

Specialty: Psychologist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Alyce F. Caruso  
66 Pinecroft Ave.  
Holden, MA. 01520  
DOB: 8/28/37

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Robyn G. Crandell  
151 Brittany Manor Dr., #D  
Amherst, MA. 01102  
DOB: 8/22/54

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Dennis P. Cronin, Jr.  
3610 Mystic Valley N 1109  
Medford, MA. 02155  
DOB: 4/18/51

Specialty: Psychologist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

William J. Culbertson  
6 Hatherly Rd.  
Quincy, MA. 02170  
DOB: 2/11/47

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Antonio Deguzman  
199 Oak St.  
Pembroke, MA. 02359  
F15942  
DOB: 12/16/54

Specialty: Psychiatrist  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Paul Dooley  
342 Commonwealth Ave.  
Boston, MA. 02115  
DOB: 4/22/63

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Peter H. Dragonas  
23 Appleton Ave.  
Beverly, MA. 01915  
A41005  
DOB: 7/13/37

Specialty: Gynecologist/Obstetrician  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Mary F. Flaherty  
2 Hutchinson St.  
Dorchester, MA. 02124  
DOB: 6/19/54

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Louise H. Fuller  
North St.  
Windsor, MA. 01270  
DOB: 10/8/45

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Michael Greenwald  
1 Brooklin Place, #321  
Brookline, MA. 02146  
B87203  
DOB: 1/23/43

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Patricia Kittredge  
37 Woodcock Ave., #24  
Haverill, MA. 01832-3884  
DOB: 8/19/50

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Lisa Martin  
7 Glendale Ave.  
Tyngsboro, MA. 01879  
DOB: 9/9/59

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Albert T. Nore  
14 Eisenhower Rd.  
S. Weymouth, MA. 02190  
DOB: 2/10/53

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Melissa Pitman  
5 country Rd.  
Essex, MA. 01929  
DOB: 3/19/56

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Andrew C. Rucks  
71 Groveland St.  
Abington, MA. 02351  
DOB: 7/27/53

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Melanie Sitar  
568 Chandler St.  
Tewksbury, MA. 01876  
DOB: 3/29/59

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

John E. Thompson  
69 Leaf St.  
E. Bridgewater, MA. 02333  
DOB: 8/28/57

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Kevin J. Turner  
16 Atlantic St.  
Lynn, MA. 01902  
DOB: 6/18/56

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Jenifer Viloría-Else  
55 Snow Rd., Apt. 344  
Marshfield, MA. 02050  
DOB: 3/8/44

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

## New Hampshire

Maureen Anne Brown  
305 Union St.  
Portsmouth, NH. 03801  
DOB: 11/21/48

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Deborah Ruth Chang  
5 Silvestri Circle, #12  
Derry, NH. 03038  
DOB: 3/3/54

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Sandra Clegg  
PO Box 832  
Lebanon, NH. 03766  
DOB: 4/22/64

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Theophile H. Daigle  
1 Pillsbury St., #2  
Claremont, NH. 03743  
DOB: 5/23/60

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Susan Doucette  
5 Knightsbridge Dr.  
Nashua, NH. 03063  
DOB: 9/2/53

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

James A. Emond  
399 Paquette Ave.  
Manchester, NH. 03104  
DOB: 12/30/59

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Patricia K. Furness  
10 Longview Dr.  
Henniker, NH. 03242  
DOB: 7/11/50

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Alice E. Martini  
237 State St.  
Route 27L-25  
Raymond, NH. 03077  
DOB: 8/31/32

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Anthony Mastronardi  
100 Darling Rd.  
Keene, NH. 03431  
T25672  
DOB: 2/20/51

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Maureen Ann Ouellette  
597 Chestnut St.  
Manchester, NH. 03103  
DOB: 10/16/63

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Renee C. Rattigan  
236 Silver St.  
Manchester, NH. 03103  
DOB: 3/20/61

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Barbara Ricker  
RFD #5, PO Box 49  
Laconia, NH. 03246  
DOB: 1/16/53

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Belinda Lee Rodney  
PO Box 1076  
Milton, NH. 03851  
DOB: 2/24/66

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Patricia K. Whalen  
HC 63, Box 20  
Croydon, NH. 03773  
DOB: 3/21/58

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

## New Jersey

Barbara L. Brodsky  
782 Summit Ave.  
River Edge, NJ. 07661  
DOB: 11/29/52

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Gilles R. Bucher  
1275 15th St.  
Fort Lee, NJ. 07024  
DOB: 8/20/47

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Alicia R. Cain  
209 Michael Court  
Woodbridge, NJ. 07095  
D44986  
DOB: 7/22/48

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Mohammed Farid  
5 Ridge Rd.  
Edison, NJ. 08817  
DOB: 1/8/61

Specialty: Owner/ Operator  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Laura E. Glosinski  
119 Sherman Place  
So. Orange, NJ. 07079  
DOB: 5/13/60

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Hazel P. Harris  
315-17 Vermont Ave.  
Irvington, NJ. 07111  
D19016  
DOB: 10/20/54

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

John B. Howe  
64 Burnside Place  
Haskell, NJ. 07420  
DOB: 7/9/63

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 12/19/96

Dorita Newsome  
163 Chapel St.  
Orange, NJ. 07050  
DOB: 1/22/56

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Craig Oakes  
212 Canterbury Court  
E. Windsor, NJ. 08520  
DOB: 9/1/62

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Joseph T. Ruane  
314 Willow Dr.  
Little Silver, NJ. 07739  
T45291  
DOB: 8/16/55

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Richard Seides  
165 Franklin St.  
Bloomfield, NJ. 07003  
DOB: 3/3/57

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Roy F. Siegel  
27 Oriole Lane  
Somerville, NJ. 08876  
T43558  
DOB: 11/15/55

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Michael J. Tortoriello  
28 Montclair Ave.  
Montclair, NJ. 07042  
T51225  
DOB: 12/24/52

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Irma M. Vargas-Bird  
24 Crestwood Ave.  
Belleville, NJ. 07109  
DOB: 7/27/62

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Gita Velu  
163 Jewett Ave.  
Jersey City, NJ. 07304  
DOB: 1/27/64

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Frederick J. Weimmer  
3110 Ridgeway Blvd.  
Lakehurst, NJ. 08733  
U01735  
DOB: 12/11/59

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Orin M. Wilson  
1142 Mackenzie Court  
Cakewood, NJ. 08701  
DOB: 2/4/54

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

Dolores Woods  
581 Nassau St.  
Orange, NJ. 07050  
DOB: 6/30/51

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

## New York

Richard C. Agata  
3020 Ave. 4, Apt. 1M  
Brooklyn, NY. 11235  
DOB: 6/28/59

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Afzal Ahmed  
8806 188th St.  
Jamaica, NY. 11423  
DOB: 11/1/60

Specialty: Owner/ Operator  
Period of Exclusion: 5 years  
Effective Date: 1/8/97

Alcare Respiratory Services  
46 South Broadway  
Nyack, NY. 10960

Specialty: DME/Gen.  
Period of Exclusion: 4 years  
Effective Date: 1/7/97

Joseph A. Ambrosio  
6 Wooleys Lance, Apt A16  
Great Neck, NY. 11023  
T52622  
DOB: 2/10/55

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Anthony F. Brea  
14 Ridge Dr. East  
Roslyn, NY. 11576  
T31948  
DOB: 7/4/57

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Rita Bruney  
419 Christopher Ave.  
Brooklyn, NY. 11212  
DOB: 6/27/37

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 2 years  
Effective Date: 1/7/97

Armand Dinolfi  
10 Sunset Rd.  
Rye Brook, NY. 10573  
DOB: 1/14/26

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Agustin E. Don  
86-35 Queens Blvd.  
Apt. 2D  
Elmhurst, NY. 11373  
D79315  
DOB: 1/15/28

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: 4 years  
Effective Date: 1/7/97

Robert R. Downes  
21 White Birch Lane  
Commack, NY. 11725  
U45204  
DOB: 2/21/56

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

John E. Earle  
187-05 122nd St.  
Jamaica, NY. 11413  
DOB: 1/19/58

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 1/16/97

Mary L. Bogdanffy Ghigna  
16 Homan Ave.  
Bayshore, NY. 11706  
DOB: 1/18/44

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/16/97

Cheryl M. Glover  
302-A Brooklyn Ave.  
Brooklyn, NY. 11212  
DOB: 2/12/52

Specialty: Psychologist  
Period of Exclusion: Indefinite  
Effective Date: 1/16/97

Alan J. Horowitz  
852 Hereford Way  
Schenectady, NY. 12309  
DOB: 4/4/47

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Fidelis A. Ibeh  
193 Quintin Rd., Apt. 3-F  
Brooklyn, NY. 11223  
DOB: 11/6/58

Specialty: Pharmacist/Pharmacy  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Timothy H. Johnson  
620 Dick Rd.  
Depelo, NY. 14043  
DOB: 8/16/61

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 1/16/97

Barry Kamen  
68-29 Juno St.  
Forest Hills, NY. 11375  
DOB: 2/8/47

Specialty: Physician/Dentist/Other Health  
Period of Exclusion: 4 years  
Effective Date: 1/7/97

James P. Kle  
66-22 Forest Ave.  
Ridgewood, NY. 11385  
T52728  
DOB: 1/3/50

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Patricia Lewis  
46 South Broadway  
Nyack, NY. 10960  
DOB: 2/4/45

Specialty: Owner/ Operator  
Period of Exclusion: 4 years  
Effective Date: 1/7/97

Chandrashekhar G. Muragali  
500 E. Tremont Ave.  
Bronx, NY. 10457  
DOB: 5/6/35

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: 4 years  
Effective Date: 1/7/97

Fitzpatrick Paul  
237 Troy Ave.  
Brooklyn, NY. 11213  
U34982  
DOB: 3/3/52

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Farhat S. Qadri  
8840 189th St.  
Hollis, NY. 11423  
DOB: 11/19/63

Specialty: Owner/ Operator  
Period of Exclusion: 5 years  
Effective Date: 1/8/97

Howard Wayne Renz  
22-34 Steinway St.  
Lic, NY. 11105  
DOB: 12/13/46

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Marielena Salazar  
274 E. 3rd St.  
New York, NY. 10009  
DOB: 8/22/50

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Dan J. Scarfo  
160 E. 48th St., #4M  
New York, NY. 10031  
DOB: 2/2/62

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Anthony Schroder  
21 Milo Dr.  
Middletown, NY. 10940  
DOB: 4/4/58

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Eric G. Schwartz  
265 E. Hudson St.  
Long Beach, NY. 11561  
DOB: 10/7/61

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Michael D. Sheahan  
28 Elizabeth St.  
Staten Island, NY. 10310-1934  
T51127  
DOB: 6/12/52

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Michael P. Solliday  
2169 Decker Ave.  
No. Merrick, NY. 11566  
DOB: 10/19/61

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Lucy Soto  
924 Quincey Ave.  
Throggs Neck, NY. 10465  
DOB: 8/28/59

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Carol Wright Stallings  
595 Bainbridge St.  
Brooklyn, NY. 11233  
DOB: 9/13/43

Specialty: Nurse/Nurses Aide  
Period of Exclusion: 2 years  
Effective Date: 1/7/97

Leonard Stambler  
3103 Eastern Pkwy.  
Baldwin Harbor, NY. 11510  
DOB: 5/5/51

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Grace M. Stone  
620 Brookside Ave.  
Roosevelt, NY. 11575  
DOB: 11/14/57

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Richard D. Thron  
1118 Paul Ave.  
Schenectady, NY. 12306  
DOB: 8/15/53

Specialty: DME/Orthotics Supplies  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Jacqueline Victor  
144-90 41st Ave.  
Apt. 411  
Flushing, NY. 11355  
DOB: 7/25/53

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Dawn Voller  
2325 Western Ave.  
Guilderland, NY. 12084  
DOB: 5/19/68

Specialty: DME/Orthotics Supplies  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Frederick William Welch  
76 E. First St.  
Corning, NY. 14830  
B41511  
DOB: 4/5/51

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Karol Williams  
133 E. 52nd St.  
Brooklyn, NY. 11203  
DOB: 8/7/43

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/16/97

Maria Xiradakis  
4605 8th Ave.  
Brooklyn, NY. 11220  
DOB: 2/7/64

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Terrance C. Yeates  
1204 Hancock St.  
Brooklyn, NY. 11201  
DOB: 3/31/54

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

## Pennsylvania

Diedra A. Alston-Davis  
506 Village Green Dr.  
Gilbertsville, PA. 19525  
U13082  
DOB: 4/1/47

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Robin Baglivio  
6 Magnolia Dr.  
Douglasville, PA.  
DOB: 5/21/63

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Cynthia Bailey  
% 1700 W. Girard Ave.  
Philadelphia, PA. 19130  
DOB: 12/16/56

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Tracy D. Bartlett  
RD 7, Box 47  
Boyertown, PA. 19512  
DOB: 11/26/70

Specialty: Employee (Non - Gov't)  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Phillip J. Bell  
Box 67, RR 2  
Dunbar, PA. 15431  
DOB: 12/5/61

Specialty: Optometrist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Javad Bigdeli  
1212 Woodbird Ave.  
Penn Valley, PA. 19073  
U07705  
DOB: 5/26/46

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Robbyn K. Block  
1616 Pembroke Dr.  
Pittsburgh, PA. 15243  
DOB: 6/25/62

Specialty: Psychologist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Gerard Brenneis  
603 Lafayette Ave.  
Sharon, PA. 16146  
DOB: 7/23/51

Specialty: Osteopath  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Sheila V. Brown  
2283 Wilner Dr.  
Pittsburgh, PA. 15221  
DOB: 9/23/60

Specialty: Optometrist  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

James Paul Brown, Jr.  
827 N. Vine St.  
Hazelton, PA. 18021  
DOB: 8/9/51

Specialty: Pharmacist/Pharmacy  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

James P. Burne, Jr.  
1704 Clay Ave.  
Scranton, PA. 18509  
DOB: 10/9/45

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Andres R. Carazo  
822 Addison St.  
Philadelphia, PA. 19147  
DOB: 9/22/61

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Joanne Chicco  
323 Brigade Court  
Wayne, PA. 19087  
DOB: 6/27/50

Specialty: Accountant/ Bookkeeper/ Audit  
Period of Exclusion: 5 years  
Effective Date: 1/7/97

Patricia A. Daniels  
1327 W. Olney Ave.  
Philadelphia, PA. 19141  
T30360  
DOB: 3/30/47

Specialty: Podiatrist  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Eileen DiFrancesco  
34 Meadow Brook Rd.  
Havertown, PA. 19083  
G12152  
DOB: 10/31/60

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Agnes Ferrara  
2685 Shady Lane  
RD #2  
Lansdale, PA. 19446  
DOB: 2/12/24

Specialty: Officer/ Board Member/ Corp.  
Period of Exclusion: 10 years  
Effective Date: 1/7/97

Mura Galperin  
2326 Packard Ave.  
Huntingdon Valley, PA. 19006  
B35189  
DOB: 2/23/30

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: 10 years  
Effective Date: 12/11/96

Vladimir B. Galperin  
839 Barlow St.  
Philadelphia, PA. 19116  
DOB: 6/4/55

Specialty: Business Manager  
Period of Exclusion: 10 years  
Effective Date: 1/7/97

Alan Gerzan  
18 Bellwood Dr.  
Langhorne, PA. 19053  
DOB: 11/23/57

Specialty: Business Manager  
Period of Exclusion: 10 years  
Effective Date: 1/7/97

Aaron J. Goldblatt  
10 Cedar Dr.  
PO Box 31  
Danboro, PA. 18976  
DOB: 4/21/60

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Janice L. Guidotti  
5023 Knox St.  
Philadelphia, PA. 19144  
DOB: 10/20/52

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

John D. Harris  
5020 N 12th St.  
Philadelphia, PA. 19141  
DOB: 3/2/62

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Larissa A. Hlad  
481 Grant St.  
Carnegie, PA. 15106  
DOB: 12/18/57

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 12/11/96

Elaine M. Hoppes-Goroshko  
517 E. Broad St.  
Tamaqua, PA. 18252  
DOB: 10/9/51

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 1/6/97

Leslie A. Howard-Jackson  
55 E. Uwchlan Ave.  
Exton, PA. 19341  
DOB: 6/22/59

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Arie Oren  
517 Fairview Rd.  
Penn Valley, PA. 19072  
C34505  
DOB: 5/4/46

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: 10 years  
Effective Date: 1/7/97

Susan L. Province  
705 Porter Ave.  
Scottdale, PA. 15683  
R82226  
DOB: 6/30/56

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

James N. Roebuck  
1364 Welsh Rd.  
No. Wales, PA. 19454  
U12525  
DOB: 4/5/51

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Roger A. Ross  
232 E. Marthart  
Havertown, PA. 19083  
DOB: 11/20/53

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Peter D. Scarpa, Jr.  
251 S. 21st St., 3rd Floor  
Philadelphia, PA. 19103  
DOB: 7/5/62

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Linda J. Shaw  
409 Howard Rd.  
Gladys, PA. 19035  
DOB: 8/19/53

Specialty: Dentist  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Frank T. Skirpan  
600 B S State Rd.  
PO Box 66  
Maryville, PA. 17053-0066  
U01340  
DOB: 3/17/55

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Richard P. Skodnek  
PO Box 1000  
Allenwood Prison  
Montgomery, PA. 17752  
A66849  
DOB: 4/18/47

Specialty: Psychiatrist  
Period of Exclusion: 20 years  
Effective Date: 2/3/97

John W. Storer  
150 Erford Rd.  
Camp Hill, PA. 17011-1807  
DOB: 12/24/56

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Lyndon B. Tanwi  
122 Hilands Place  
Pittsburgh, PA. 15237  
DOB: 11/23/54

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Scott A. Trodden  
308 E. Leasure Ave.  
New Castle, PA. 16101  
DOB: 6/2/65

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

Victor Tsan  
110 Karen Rd.  
Holland, PA. 18966  
DOB: 3/5/55

Specialty: Owner/ Operator  
Period of Exclusion: 10 years  
Effective Date: 12/11/96

Joseph M. Vogel  
Box 24, RR 1  
Enon Valley, PA. 16120  
DOB: 11/24/63

Specialty: Pharmacist/Pharmacy  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

William C. Waite  
5397 Brownsville Rd.  
Pittsburgh, PA. 15236  
U10769  
DOB: 7/20/53

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/4/97

William C. Wakefield  
698 Anderson Ave.  
Pittsburgh, PA. 15239  
U39848  
DOB: 5/14/55

Specialty: Chiropractor  
Period of Exclusion: Indefinite  
Effective Date: 2/18/97

Christina Winterling  
302 E. Marshall St. #433  
W. Chester, PA. 19380  
DOB: 1/6/69

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 1/7/97

Alexander Zaverukha  
AKA Sasha Volvo  
8 Lexington Court  
Churchville, PA. 18966  
DOB: 9/17/61

Specialty: Owner/ Operator  
Period of Exclusion: 10 years  
Effective Date: 1/7/97

## Rhode Island

Jacqueline Pulsifer  
15 Wilshire Way  
Coventry, RI. 02816  
DOB: 5/10/52

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

John F. Spirka  
26 Eagle Peak Rd.  
Pascoag, RI. 02859  
DOB: 1/8/33

Specialty: Employee (Non - Govt)  
Period of Exclusion: 5 years  
Effective Date: 2/3/97

Vincent Doyah Tiemo  
61 Roger Williams Green  
Providence, RI. 02904  
DOB: 3/23/53

Specialty: Psychologist  
Period of Exclusion: Indefinite  
Effective Date: 2/13/97

## Vermont

Annette M. Lynch  
1443 Allen St.  
Rutland, VT. 05701  
E11747  
DOB: 12/25/37

Specialty: Family Physician/Gen. Practitioner  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

Susan Pierce  
PO Box 567  
Wells River, VT. 05081  
DOB: 12/4/44

Specialty: Nurse/Nurses Aide  
Period of Exclusion: Indefinite  
Effective Date: 2/3/97

# Provider/Supplier Reinstatement Actions

## Massachusetts

Rory Dean Falkinburg  
35 Granite St.  
Cambridge, MA. 02139  
Specialty: Chiropractor  
Sanction Date: 6/9/96  
Reinstatement Date: 12/31/96

Michael R. Linville  
11 A Hale St.  
Rockport, MA. 01966  
Specialty: Podiatrist  
Sanction Date: 9/11/96  
Reinstatement Date: 11/1/96

Kailash R. Nath  
1180 Beacon St.  
Brookline, MA. 02146  
Specialty: Optometrist  
Sanction Date: 6/9/96  
Reinstatement Date: 11/22/96

## New Jersey

Gary S. Evans  
11 Venus Dr.  
Closter, NJ. 07624  
Specialty: Podiatrist  
Sanction Date: 12/29/91  
Reinstatement Date: 12/30/96

Lloyd M. Kahn  
758 Jefferson Ave.  
Cliffside Park, NJ. 07010  
Specialty: Podiatrist  
Sanction Date: 12/29/91  
Reinstatement Date: 12/30/96

Michael A. Murphy  
1205 3rd Ave.  
Asbury Park, NJ. 07712  
Specialty: Pharmacist/Pharmacy  
Sanction Date: 11/7/96  
Reinstatement Date: 12/4/96

Gilbert Rubin  
431 Kaighn Ave.  
Camden, NJ. 08103  
Specialty: Optometrist  
Sanction Date: 12/29/91  
Reinstatement Date: 12/30/96

Richard Seides  
165 Franklin St.  
Bloomfield, NJ. 07003  
Charles R. Spatz  
590 Hwy. 35  
Middletown Township  
Redbank, NJ. 07701  
Specialty: Dentist  
Sanction Date: 1/7/97  
Reinstatement Date: 1/23/97  
Specialty: Podiatrist  
Sanction Date: 11/24/91  
Reinstatement Date: 11/26/96

John G. Tolentino  
11 Sieber Court  
Bergenfield, NJ. 07621  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 11/24/91  
Reinstatement Date: 12/2/96

Michael J. Tortoriello  
28 Montclair Ave.  
Montclair, NJ. 07042  
Specialty: Podiatrist  
Sanction Date: 1/7/97  
Reinstatement Date: 1/17/97

Marina Turpen  
1400 So. New Rd.  
Pleasantville, NJ. 08402  
Specialty: Dentist  
Sanction Date: 3/14/96  
Reinstatement Date: 1/16/97

## New York

Maryanne Alongi  
226 Seventh St.  
Garden City, NY. 11530  
Specialty: Podiatrist  
Sanction Date: 11/26/91  
Reinstatement Date: 11/26/96

Afzal M. Butt  
24 Walker Place  
Melville, NY. 11747  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 11/24/91  
Reinstatement Date: 12/2/96

John Dawson  
150 W. 225th St., Apt. 6-K  
Bronx, NY. 10463  
Specialty: Physician Assistant  
Sanction Date: 11/21/91  
Reinstatement Date: 11/21/96

Roger Fares  
1016 Lexington Ave.  
New York, NY. 10021  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 11/24/91  
Reinstatement Date: 12/2/96

Gerson Gomes  
45-25 Kissena Blvd.  
Flushing, NY. 11355  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 9/9/96  
Reinstatement Date: 9/9/96

Doris J. Gordon  
95-117 Ravine Ave., RVW 4C  
Yonkers, NY. 10701  
Specialty: Podiatrist  
Sanction Date: 6/19/96  
Reinstatement Date: 1/17/97

Alan S. Katz  
10 Esquire Rd., Ste. 17  
New City, NY. 10956  
Specialty: Podiatrist  
Sanction Date: 8/13/96  
Reinstatement Date: 11/22/96

James T. Kelly  
595 Route 25A, Suite 6  
Miller Place, NY. 11764  
Specialty: Osteopath  
Sanction Date: 7/3/96  
Reinstatement Date: 12/3/96

Zenaida Zavalla Macapagal  
144-18 29th Rd.  
Flushing, NY. 11354  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 8/29/91  
Reinstatement Date: 12/24/96

Jose R. Orellana  
1233 Leland Ave.  
Bronx, NY. 11219  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 11/7/96  
Reinstatement Date: 11/7/96

Naveed A. Siddiqi  
29 Far Rockaway Rd.  
Pine City, NY. 14871  
Specialty: Internist/Internal Medicine  
Sanction Date: 11/21/91  
Reinstatement Date: 11/21/91

Rajinder S. Uppal  
11 Charles Way  
Old Brookville, NY. 11545  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 11/26/91  
Reinstatement Date: 11/26/96

John A. Wells  
1 Peconia Ave.  
Shelter Island, NY. 11964  
Specialty: Chiropractor  
Sanction Date: 8/18/94  
Reinstatement Date: 1/28/97

## Pennsylvania

Eddie L. Clark, Jr.  
1344 66th Ave.  
Philadelphia, PA. 19125  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 6/27/91  
Reinstatement Date: 12/6/96

Widad J. Jafar  
1978 Linden La.  
Whitehall, PA. 18052  
Specialty: Podiatrist  
Sanction Date: 9/10/96  
Reinstatement Date: 11/1/96

Michael D. Noll  
5500 Greenvillage Rd.  
Chambersburg, PA. 17201  
Specialty: Chiropractor  
Sanction Date: 11/10/96  
Reinstatement Date: 1/6/97

Trudy Samuels  
5 Camp Hill Rd.  
Ft. Washington, PA. 19034  
Specialty: Family Physician/Gen. Practitioner  
Sanction Date: 2/13/94  
Reinstatement Date: 1/28/97

## Rhode Island

John D. Pitts  
53 Bailey's Ledge  
Little Compton, RI. 02837  
Specialty: Surgeon  
Sanction Date: 6/9/96  
Reinstatement Date: 12/19/96

---

## Certificates of Medical Necessity - Revision

Revisions have been made on several Certificates of Medical Necessity (CMNs) and one new form has been added:

HCFA Form Number	New DMERC Form Number	Items Addressed
484	484.2	Oxygen
843	02.03A	Motorized Wheelchairs
844	02.03B	Manual Wheelchairs
846	04.03B	Lymphedema Pumps
847	04.03C	Osteogenesis Stimulators
854	11.01	Section C Continuation Form

Camera ready copies of the revised/added CMNs are enclosed in the accompanying *Supplier Manual* revision.

The revised/added forms may be submitted with claims received by the DMERC on or after October 1, 1997. Current versions of all CMNs may be submitted with claims received prior to March 31, 1998. However, DMERC Forms 484.2, 02.03A, 02.03B, 04.03B, and 04.03C will be required with claims received by the DMERC on or after April 1, 1998. Prior versions of these CMNs will not be acceptable for certifying medical necessity with claims received on or after April 1, 1998.

There is no change to the following forms:

HCFA Form Number	New DMERC Form Number	Items Addressed
841	01.02A	Hospital Beds
842	01.02B	Support Surfaces
845	03.02	Continuous Positive Airway Pressure (CPAP) Devices
848	06.02	Transcutaneous Electrical Nerve Stimulators (TENS)
849	07.02A	Seat Lift Mechanisms
850	07.02B	Powered Operated Vehicles
851	09.02	Infusion Pumps
852	10.02A	Parenteral Nutrition
853	10.02B	Enteral Nutrition

The following are some comments on the forms that have been revised/added:

- The Oxygen CMN, Form 484, has undergone a major revision to make the format consistent with the other DMERC CMNs and to collect minimal additional information. This revision includes the addition of Section C which lists the supplier's charge and Medicare fee schedule allowance for the equipment that is provided as required by legislation. Section C contains an area for a narrative description of the delivery system provided—compressed gas, liquid, or concentrator; stationary and/or portable system. In addition, the supplier can use the space in Section C for a written confirmation of other details of the oxygen order, which after review the physician should confirm with a signature in Section D if he/she agrees. If the information in Section C does not accurately represent the order, the CMN should be returned unsigned to the supplier for correction. The additional order information confirmed in section C may include the means of oxygen delivery (e.g. cannula, mask, etc.) and the specifics of varying oxygen flow rates and/or noncontinuous use of oxygen as appropriate. Additional explanation concerning one of the new questions in Section B can be found in an accompanying article titled Oxygen Policy - Testing/Documentation Requirements.
- The wheelchair CMNs, HCFA Forms 843 and 844, have been revised to make them single page CMNs. Section C will continue to accommodate the descriptions, charges, and Medi-

care allowances for the wheelchair base and up to 4-6 options/accessories. If additional space is needed to list options/accessories, these can be itemized Form 854. If Form 854 is used, the wheelchair base and the most costly options/accessories must be listed on Form 843 or 844. At the present time, Form 854 may only be used as an addendum to Forms 843 or 844. It may not be used in conjunction with any other CMN. If Form 854 is used, it must be signed and dated by the physician (in addition to a signature and date on Form 843 or 844) and kept on file by the supplier. If the claim is submitted hard copy, a copy of Form 854 must be submitted along with the copy of Form 843 or 844. For electronic claims, the supplier does not send data from Form 854, but is required to keep this form on file.

- The CMNs for lymphedema pumps (HCFA Form 846) and osteogenesis stimulators (HCFA Form 847) have been revised to reflect changes in these policies since the current CMNs were developed/implemented.
- In all the revised/added CMNs, the attestation statement in Section D has been modified to clarify that the physician who signs the CMN should be the physician who is actively/presently treating the patient.

See the CMN Completion section, Chapter 12.7 of the *Supplier Manual* for additional information and requirements concerning CMNs.



# 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:

◆