IN THE SPIRIT OF SUCCESS

Palmetto Government Benefits Administrators (Palmetto GBA), conducted a Trade Association Meeting on April 6, 1993, in Columbia, South Carolina. The meeting consisted of Trade Association officials who attended as representatives for their supplier membership. We appreciate the participation by all. The meeting was a success and will be the cornerstone for workshops planned during the coming months.

Given the great participation and interest on April 6, 1993, we are certain that a mutually beneficial relationship is underway. Our premise of success at Palmetto GBA is that the transition to Durable Medical Equipment Regional Carrier (DMERC) processing will depend largely on close communication with those we serve. We encourage you to convey your transition concerns and questions in order to further enhance positive growth. We look to the Trade Association officials to operate as facilitators in our relationship.

We are committed to an accurate and timely transition. It is our intent to ensure that your cash flow will not be interrupted throughout our transition. We want and value your input and accept your suggestions and concerns in the spirit of a professional partnership. We look forward to working with you.

Sincerely,

Ann Archibald
Assistant Vice President DMERC Operations
Effective October 1, 1993 and continuing on a state-by-state phase-in schedule, claims for all durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) must be submitted to one of the four new durable medical equipment regional carriers (DMERCs). In order to submit claims for DMEPOS to a DMERC, you must obtain a new Medicare supplier number from the National Supplier Clearinghouse (NSC). Your new number will be active at all four DMERCs and the DMERC to which you submit claims for DMEPOS items will be determined by the Medicare beneficiary’s place of residence.

The NSC is pleased to announce that the mailing of the new Medicare supplier number enrollment package to all suppliers is complete. The package contains (not in its entirety) a Medicare supplier number application, (HCFA-192 form), names of the DMERCs with a list of the states for which each has DMEPOS claims jurisdiction, and the phase-in schedule for each state.

When filling out the materials included in the enrollment package, it is critical that all eight sections of the Medicare supplier number application, HCFA-192 form, along with the additional information sheet, be completed. Failure to complete these materials thoroughly will necessitate their return to your office, which will delay the issuance of your Medicare supplier number. Once you have completed the HCFA-192 form and additional information sheet, please return them to the NSC for prompt handling. Suppliers will be notified of their new Medicare supplier number in August 1993.

Should your office require additional enrollment packages or have questions concerning the completion of the enrollment package forms you should contact the NSC for assistance. The supplier mailing list used by the NSC does not include changes that have occurred since the mailing list was initially compiled, e.g., change of address; so suppliers of DMEPOS who serve Medicare beneficiaries and have not received their National Supplier Clearinghouse enrollment package should contact the NSC immediately. NSC representatives can be reached:

by calling 1-803-754-3951 or 1-800-851-3682

or writing National Supplier Clearinghouse (NSC)
P.O. Box 100142
Columbia, South Carolina 29202-3142
CROSSOVER CLAIMS

A Continuing Service

All efforts are being made to ensure that Medicaid agencies and Medicare complementary/supplemental insurers currently receiving crossover claims from local carriers will receive crossover claims from the DMERCs beginning October 1, 1993.

Crossover is the transfer of claim information between two insurers at the beneficiary's written authorization.

Medigap coverage fills in the gap for those persons entitled to Medicare benefits and provides for the automatic transfer of claims information from Medicare to the beneficiary's Medicare supplemental (Medigap) insurer. This crossover process eliminates the need for the beneficiary or participating provider to file separate claims for coverage supplemental to Medicare. This requires Medicare carriers to transmit claim information to Medigap insurers when the beneficiary elected to assign benefits under Medigap policies to the participating provider.

Complementary insurers are supplemental insurers that currently have voluntary written agreements with Medicare contractors for the routine transfer of Medicare claims information in the Medicare program.

HCFA is providing each DMERC with the following lists:

- A current list of all Medicaid offices within each region
- A national list of Medigap insurers, identified by region
- A current list of all insurers that have complementary/supplemental agreements with Medicare carriers in each region

In accordance with HCFA, Palmetto GBA is very interested in creating a totally electronic environment for processing health claims to enhance coordination of benefits. An electronic coordination of benefits will help to reduce the cost of health care nationally and provide better service to our customer, the Medicare beneficiary.

Each DMERC will:

- Solicit and negotiate new crossover agreements with each Medicaid state agency.
- Solicit and negotiate new crossover agreements with each Complementary insurer wishing to receive crossover claims.
- Transfer Medigap claims when the Medigap insurer and policy number are provided on the claim and the supplier is participating with the Medicare program.

Solicitations to all Medicaid agencies in Region C were mailed during April, and solicitations to Complementary and Medigap insurers will be mailed in the next 30-60 days. Copies of these solicitation letters will also be sent to your local carrier.

We will publish names of supplemental insurers who will automatically receive crossover claims as our crossover agreements are finalized.
Workload transition dates are determined by carrier workload.

If you currently file claims to the Medicare carrier in:

- South Carolina .................................. October 1, 1993
- North Carolina .................................. November 1, 1993
- Tennessee ....................................... November 1, 1993
- Kentucky ......................................... November 1, 1993
- New Mexico ...................................... November 1, 1993
- Oklahoma ......................................... December 1, 1993
- Mississippi ...................................... December 1, 1993
- Louisiana ........................................ December 1, 1993
- Alabama ......................................... December 1, 1993
- Arkansas ......................................... December 1, 1993
- Colorado ......................................... December 1, 1993
- Georgia .......................................... December 1, 1993
- Texas ............................................. January 1, 1994
- Puerto Rico ...................................... January 1, 1994
- Virgin Islands .................................. January 1, 1994
- Florida .......................................... February 1, 1994

*You will begin filing to the appropriate DMERC on:

To date HCFA has not made a final decision regarding the transition schedule of the Parenteral and Enteral Nutrition (PEN) workload. This information will be provided as soon as the final decision from HCFA is available.

*The DMERC to which you file is determined by the state of the beneficiaries’ permanent residence.
Our professional relations staff will consist of ombudsmen who function as field service representatives. An Ombudsman is someone who investigates reported complaints, reports findings, and helps to achieve equitable settlements. As part of our proactive approach, the Ombudsmen will conduct educational workshops and training programs as well as requested on-site visits. Each Ombudsman will cover a specific territory within our region, offering all suppliers direct access to prompt service. Although we have Ombudsmen in seven states, we will make periodic contact, e.g., seminars, Supplier Advisory Committee (SAC) meetings, etc., with all providers in order to be completely accessible. Contact information for the Ombudsmen including names, addresses, and telephone numbers will be provided to suppliers in a future issue of the *DMERC Medicare Advisory*. As the transition unfolds, Ombudsmen will be permanently located in the following areas.

Columbia, South Carolina

Atlanta, Georgia

Jackson, Mississippi

Jacksonville, Florida

Miami, Florida

Tampa, Florida

Dallas, Texas (2 Representatives)
SUPPLIER WORKSHOPS

We will be offering a series of supplier workshops, beginning August 1993 and continuing through December 1993. In addition to supplier workshops, we will conduct beneficiary, physician and hospital discharge planner workshops in these same locations. The following is a preliminary workshop schedule.

### Supplier Workshop Schedule
August 1993 - December 1993

<table>
<thead>
<tr>
<th>August 1993</th>
<th>Columbia, SC</th>
<th>August 16</th>
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<tbody>
<tr>
<td></td>
<td>Anderson, SC</td>
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<td></td>
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<td></td>
<td>Charleston, SC</td>
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<td></td>
<td>Raleigh, NC</td>
<td>August 23-27</td>
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<tr>
<td></td>
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<td>August 30-September 3</td>
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<tr>
<td></td>
<td>Nashville, TN</td>
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<td>Memphis, TN</td>
<td>September 13-14</td>
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<td>Lexington, KY</td>
<td>September 16-17</td>
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<td></td>
<td>Louisville, KY</td>
<td>September 20-21</td>
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<td>Albuquerque, NM</td>
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<td>Jackson, MS</td>
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<tr>
<td></td>
<td>Mobile, AL</td>
<td>September 28-30</td>
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<tr>
<td></td>
<td>Oklahoma City, OK</td>
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<tr>
<td></td>
<td>Atlanta, GA</td>
<td>October 4-8</td>
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<tr>
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<td>Grand Junction, CO</td>
<td>October 4-5</td>
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<td></td>
<td>Shreveport, LA</td>
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<tr>
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<td>Birmingham, AL</td>
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SUPPLIER WORKSHOP (Cont'd.)

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<tbody>
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<tr>
<td>1-2 Nov</td>
<td>Dallas, TX</td>
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<tr>
<td>4-5 Nov</td>
<td>Houston, TX</td>
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<tr>
<td>8-9 Nov</td>
<td>Lubbock, TX</td>
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<td>11-12 Nov</td>
<td>San Antonio, TX</td>
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<tr>
<td>15-18 Nov</td>
<td>Miami, FL</td>
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<td>22 Nov</td>
<td>St. Croix, VI</td>
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<tr>
<td>24 Nov</td>
<td>St. Thomas, VI</td>
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<tr>
<td>29 Nov</td>
<td>San Juan, PR</td>
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<td>DECEMBER 1993</td>
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<td>Date</td>
<td>Location</td>
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<tr>
<td>2-3 Dec</td>
<td>Orlando, FL</td>
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<tr>
<td>6-7 Dec</td>
<td>Jacksonville, FL</td>
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<td>Tallahassee, FL</td>
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<tr>
<td>16-17 Dec</td>
<td>Tampa, FL</td>
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</table>

You will receive a workshop announcement/pre-registration form within the 45 days preceding the workshops in your area. Each session will provide detailed instructions and materials to prepare you for transition and assist you in filing DMEPOS claims. Please select one session in your area which is convenient for you. Attendance is limited. We are required by HCFA to limit workshop attendance to no more than 350 people. Please pre-register for your chosen workshop using the pre-registration form only. This form will indicate dates, facilities and times for workshops. Palmetto GBA’s receipt of this completed form will confirm your reservation.

When we are notified of the approved early borders, we will verify the addresses for these suppliers and assess the need for additional timely workshops in convenient locations to coincide with the approved transition dates.

Early boarding is an option for suppliers who currently bill more than one carrier, and are scheduled to transition on more than one date because of the differing dates of carrier transition. For early boarding consideration, you must:

- Submit claims electronically in the HCFA National Standard Format on October 1, 1993,
- Complete the request for "early boarding," and
- Return your complete Medicare supplier number application package by May 15, 1993 to the NSC.
The categories and HCFA Common Procedure Coding System (HCPCS) ranges that will be processed by the DMERCs are as follows:

- **PEN**
  - B0000 - B9999
- **Immunosuppressive Drugs**
  - J7500 - J7506
  - W9077 - W9078
  - J7610 - J7799 *
- **Oxygen**
  - E0400 - E0499
- **Equipment**
  - E0000 - E0399
  - E0500 - E1350
  - E1700 - E1702
- **Dialysis Supplies**
  - A4650 - A4927
  - E1510 - E1699
- **Prosthetics and Orthotics**
  - L0000 - L9999
  - V0000 - V9999
- **Ostomy/Miscellaneous**
  - A4190 - A4640
  - A5051 - A5149

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*Surgical Tray*  
**A4550 **

*This code range was omitted in error from the DMERC HCPCS list in the March 1993 issue of the DMERC Medicare Advisory. Be sure when making reference to these codes that you refer to the above list.*

**Although A4550 is included in the A4190-A4640 code range, it is not considered DMEPOS and will continue to be processed by local carriers.*

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**MEDICAL POLICY LEADERSHIP**

**Dr. Robert Tallon**

Dr. Robert Tallon joined the Palmetto Government Benefits Administrators (Palmetto GBA) team, assuming the leadership role in directing formulation, implementation and evolution of DMERC medical policy. Dr. Tallon comes from a strong clinical background in internal medicine, with special critical care and pulmonary medicine interests. During his private practice career in Florida, he worked closely with his patients and Durable Medical Equipment (DME) suppliers, experiencing first-hand the importance of appropriate DME used in a patient’s medical care plan.

Dr. Tallon continued his postgraduate education in 1990, when he entered the University of Florida School of Business. His emphasis was information system management and its pivotal role in quality healthcare systems. Earning a Masters of Business Administration (MBA) degree in 1991, he joined a healthcare management team at FHP Incorporated, a California-based health maintenance organization, transitioning his career to emphasize leading-edge healthcare management. At FHP Incorporated, Dr. Tallon quickly advanced from assistant medical director of a 52 physician-specialty center, to associate medical director of FHP Incorporated’s flagship hospital, and continued to progress to become medical director in regional medical affairs. During this management period, he
gained a firm foundation in tactical and strategic planning, quality and utilization management, medical policy formulation, and medical information systems.

Recognizing the increasing importance of government in health systems structure, Dr. Tallon joined the Palmetto GBA implementation team in 1993 upon Palmetto GBA being awarded the Medicare Region C DMERC contract.

The four DMERCs are required by our contract with HCFA to address the medical policies of the top 100 HCFA Common Procedure Coding System (HCPCS) codes based on 1991 cumulative dollar volumes, as well as all local policies. Significantly, nationally processed claims for these codes resulted in nearly $1.3 billion in 1991 allowable charges. This mandate was motivated by HCFA’s goal to achieve both a regionally uniform, as well as nationally consistent, medical policy. More uniform medical necessity documentation requirements were also emphasized. Moreover, HCFA appreciated the need to consolidate local HCPCS codes into nationally uniform DMEPOS Level III codes and modifiers.

Appreciating the magnitude of this challenge, the four DMERC Medical Directors used the existing published medical policies of the current Medicare Part B carriers as the foundation of their efforts. The Medical Directors supplemented this foundation with on-site meetings with national supplier organizations, national manufacturers associations, physician specialists, rehabilitation experts, local experts, and published controlled medical trials. At each phase of this dynamic process, beneficiary health, quality, and service were top priorities. Each DME item was evaluated for its “value-added” to the patient’s entire care plan. In those instances when there were clear nationally-recognized guidelines regarding DME item indications and/or appropriateness of use, the Medical Directors relied on the principle of “reasonable and necessary.” This axiom stressed that appropriate DME is (1) safe and effective (2) non-experimental (3) non-investigational and (4) appropriate for the patient’s level of function and use in the home.

Once formulated, the DMERC medical policies are scrutinized by HCFA to assure their compliance with national statutory law and Medicare intent. The policies, following necessary revisions, are then circulated to state and national medical organizations for review and comment. These organizations include state and national supplier and manufacturer organizations, state carrier advisory committee members, and Medicare Part B carriers. As you read this DMERC Medicare Advisory, the “top 100” HCPCS codes, designated for initial medical director evaluation, are being circulated for comment. All policies will be published in the DMERC Supplier Manual which will be distributed in August 1993.
DMERC TO LL-FREE*

TELEPHONE NUMBERS

* All DMERC toll-free telephone numbers became available on April 1, 1993.
As your Durable Medical Equipment Regional Carrier (DMERC), one of our strongest commitments is to offer you a quality educational program regarding regionalized processing. In developing our educational program, your input as a supplier is vital. To utilize your knowledge and address your concerns, we will be establishing a number of Supplier Advisory Committees (SACs) in November 1993, throughout Region C. These committees will provide you with a formal mechanism for offering input to DMERC Supplier Manual updates.

The SACs offer a forum for the exchange of information and ideas between suppliers and the DMERC. The membership of each committee will consist of two DMERC staff members and up to 15 members from the supplier community, including representation from state and national professional associations. Initially, committee meetings will be held three times a year. Additional meetings will be scheduled, if the committee members deem necessary. We will solicit participation beginning in September 1993.

The DMERC Supplier Manual will be distributed in August 1993. The manual will be designed for you to use as a reference manual, and will provide the guidelines and policies for DMEPOS regionalized claims processing.

We will provide further information concerning the Supplier Manual and SACs in future issues of the *DMERC Medicare Advisory*.

**ELECTRONIC MEDIA CLAIMS (EMC)**

Electronic submission of claims and certifications for all Durable Medical Equipment (DME), Parenteral and Enteral Nutrition (PEN), prosthetic/orthotic, and supply claims provides many advantages, including:

- Faster claim payments
- Electronic Remittance Notices (ERNs)
- Electronic Funds Transfer (EFT)
- Electronic Claims Status Inquiry
- Electronic transfer of misdirected claims to other DMERCs

All electronic claims submitted to Durable Medical Equipment Regional Carriers (DMERCs) must use the HCFA National Standard Format (NSF). The four DMERCs are currently working together to simplify and standardize the procedures and instructions for NSF claims, Certificates of Medical Necessity (CMNs) and remittance notices.

The current version of the NSF is being modified to accommodate DMERC-related changes to the CMNs. It is anticipated that all of the DMERC revisions to the NSF and updates to the DMERC-specific instructions for use of the NSF will be available by the beginning of June, and can be distributed at that time.

We plan to begin testing with individual suppliers to validate their ability to submit claims in the NSF in mid-June. All four DMERCs have agreed to use
standard test packages. There will be multiple test packages to allow submitters to validate their capabilities for specific types of claims. This validation by any DMERC will be accepted by all other DMERCs. Then, you will only need to test your electronic interface mode with each DMERC to which you plan to submit claims.

If you are currently in the process of selecting a vendor for your Medicare DME claims, please be sure to obtain a commitment that all the necessary DMERC changes to the NSF will be made when they are published. Once all changes are made, we will be testing and certifying vendors’ abilities to use the NSF. We will publish an initial list of these vendors and periodic updates as additional vendors are certified.

Additionally, a PC software package will be available for entering and submitting claims to the DMERCs using an IBM or IBM-compatible PC and a modem. This software will be available in mid-summer, free or at cost, after all the NSF changes are incorporated.

We will be contacting each supplier in Region C certified by the NSC to provide additional Electronic Media Claims (EMC) information. If you have any questions that are not answered by our mailings, please write us at the following address:

Palmetto Government Benefits Administrators (Palmetto GBA)
DMERC Electronic Data Interchange (EDI)
P.O. Box 100145
Columbia, South Carolina 29202-3145

You can also reach us through our EMC help-line:

by calling (803) 788-9751
Providing answers to your questions/concerns on an on-going basis.

1. **Q:** Do suppliers in bordering states have two transition dates, and do they need to request early boarding?
   **A:** Transition dates are determined by current DMEPOS carrier workload. If a supplier currently bills one carrier, based on point of sale, the supplier will have one transition date. If a supplier bills only one carrier, early boarding is not necessary. Early boarding is an option for suppliers who currently bill more than one carrier, and are scheduled to transition on more than one date because of the differing dates of carrier transition. For early boarding consideration, you must:
   - Submit claims electronically in the HCFA National Standard Format on October 1, 1993,
   - Complete the request for "early boarding," and
   - Return your complete Medicare supplier number application package by May 15, 1993 to the NSC. (Refer to page 93-13 for the NSC's address.)

2. **Q:** Will the remittance notice indicate that claims have been forwarded to the Medicaid or the Medicare supplement, if applicable?
   **A:** Yes. The remittance notice will indicate that claim information has been forwarded to the supplemental insurer or Medicaid Fiscal Agent, using remark codes.

3. **Q:** Are there prerequisites for becoming an EMC biller, and using EDI services?
   **A:** You must be able to submit claims in the NSF, and use one of our four interface modes: diskette, tape, bisynchronous telecommunications, or asynchronous telecommunications.

4. **Q:** When can a supplier begin testing EMC claims with the regional carriers?
   **A:** We anticipate readiness for testing to be mid-June 1993, after the DMERC changes to the NSF are published.

5. **Q:** Can a supplier begin EMC testing prior to issuance of a Medicare supplier number from the NSC?
   **A:** Yes, but they cannot be approved for submission until their Medicare supplier number is issued.

6. **Q:** If a supplier files claims electronically, does the supplier have to receive remittance notices electronically?
   **A:** No. The supplier may continue to receive paper remittance notices with accompanying checks.

7. **Q:** Will Palmetto GBA offer PEN training to the other three DMERCs?
   **A:** Yes. Palmetto GBA has offered a comprehensive training session for the other three DMERCs.
8. **Q:** Can a supplier receive electronic remittance denials?
   **A:** Yes. The ERN will include payment information, and denials with action and remark codes just as they have been provided on paper remittances.

9. **Q:** Can a supplier electronically transmit comments and narrative?
   **A:** Yes, the NSF HA0 record for electronically submitted claims and certifications allows for narrative.

10. **Q:** Will fair hearings be staged in convenient locations throughout the region?
    **A:** Yes. We plan to schedule fair hearings through regional contracting hearing officers in mutually convenient locations for beneficiaries and suppliers.

11. **Q:** Will PEN and DME be processed in the same department?
    **A:** Yes. All DMEPOS claims will be processed by teams dedicated to supplier groups, and will include all items covered in the DMEPOS categories.

12. **Q:** Will you provide suppliers with the appropriate codes to use for billing, including instruction on what codes to use for non-classified items?
    **A:** Yes. All coding instruction and DMEPOS HCPCS codes will be included in the Supplier Manual which will be distributed in August 1993. (Refer to page 93-19 for an inclusive list of ranges.)

13. **Q:** If the local carriers currently processing claims do not continue to perform to expectations, who will ensure DMEPOS claims are handled appropriately until the transition?
    **A:** HCFA will monitor performance of local carriers to ensure that performance continues to meet standards and that supplier cash flow is not interrupted.

14. **Q:** How are vision services, i.e., vision exams and glasses, to be billed under DMERCs' processing?
    **A:** The vision exam professional services (codes 99201-99215) or (codes 92002-92499), will continue to be billed to the local carrier; however, claims for lenses, frames, aids, and eye prosthetics will be filed to the appropriate DMERC, (codes V0000-V9999).

15. **Q:** How will the regionalization process affect the pricing of DMEPOS claims?
    **A:** 1993 allowances will be provided to each DMERC by the local carriers who are currently processing DMEPOS claims. Allowances for each state will not change. Suppliers will be paid based on the state allowances for the state in which the beneficiary resides, not by supplier location as in the past. In 1994, PEN allowances will be calculated by the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC), who is responsible for establishing and distributing the DMERCs national pricing files in accordance with HCFA directives. Other DMEPOS prices for 1994, as in 1993, will be calculated by the local carriers and provided to the DMERC.

16. **Q:** Can a supplier use a sample NSC enrollment package to apply for a Medicare supplier number?
    **A:** No. The NSC has assigned control numbers to each of the enrollment packages mailed to suppliers. Rather than use sample packages which may have been distributed in meetings, suppliers who need enrollment packages should call the NSC at 1-800-851-3682 and request a numbered package be sent to them.
17. **Q:** How often will a supplier have to re-enroll with the NSC?
   **A:** The NSC will require that suppliers validate their enrollment information every three years. The NSC will initiate this process as re-enrollment is required.

18. **Q:** Will hospital-based suppliers and home health agencies who currently bill Medicare Part A Intermediaries begin the transition on October 1, 1993?
   **A:** No. DMEPOS items currently billed to Part A Intermediaries may begin the transitional process in the future, but will not begin the transition on October 1, 1993 with suppliers who bill Part B carriers.

19. **Q:** Will the CMNs change and will there be a standard CMN?
   **A:** Yes. The development of new CMN forms is currently underway. Every attempt is being made to establish national standard CMNs. The Supplier Manual, to be published in August 1993, will address the CMN and all pertinent instructions and requirements, as well as all regional medical policies.

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**GLOSSARY**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CMN</td>
<td>Certificate of Medical Necessity</td>
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<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
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<td>DMEPOS</td>
<td>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</td>
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<td>DMERC</td>
<td>Durable Medical Equipment Regional Carrier</td>
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