ATTENTION PHYSICIANS AND SUPPLIERS

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AUTO MATED RESPONSE UNIT (ARU) SURVEY

In March of 1995, we added a new survey feature to our telephone Automated Response Unit (ARU). After you speak with an Associate, you have the option to stay on the line and answer five questions about our service, courtesy and effectiveness. This option will be available the last full week of each calendar month. Please help us provide better service to you by taking an extra minute to respond to these questions. Your survey responses will help us gauge your satisfaction with our service. Your opinion about our service is important to us, and your feedback enables us to identify needed improvements.
OBRA 1993 changed the way Medicare considers benefits for End Stage Renal Disease (ESRD) patients when Medicare is the secondary payer. Beneficiaries who are covered under a primary insurance plan (other than Medicare) prior to becoming eligible for Medicare on the basis of ESRD must continue to be covered by their primary insurance during the first 18 months of Medicare ESRD eligibility.

During this 18-month period, Medicare will serve as secondary payer for all claims. After the 18-month period has expired, Medicare will become the ESRD beneficiary’s primary insurance.

Rebates to Medicare beneficiaries to induce them to order equipment potentially violates the anti-kickback statute at section 1128 of the Social Security Act.

The Medicare and Medicaid anti-kickback statute, 42 U.S.C. 1320a-7b(b), makes it illegal to offer or pay anything of value to induce a person to order any item or service for which payment may be made under Medicare or Medicaid (or another State health care program). Each violation of this statute can result in a felony conviction, and those convicted shall be fined up to $25,000 or imprisoned for up to 5 years, or both.

Palmetto GBA is aware of practices whereby entities offer rebates to Medicare beneficiaries to induce them to order equipment or other supplies or services. Such practices potentially violate the anti-kickback statute. Palmetto GBA will notify the Office of Inspector General when we become aware of such a practice, so the Inspector General can take appropriate action.

When submitting claims for payment when a rebate is involved, suppliers should clearly and specifically identify and annotate the rebate amount on the submitted claim. Failure to supply this information may result in criminal and civil penalties. The actual payment amount for the DME is based on the lower of the actual submitted charge (which in this case is the actual submitted charge less the rebate amount) or the fee schedule amount.

The Health Care Financing Administration (HCFA) recently announced the following schedule for the availability and implementation of revised American National Standards Institute (ANSI) and National Standard Formats (NSF) for claims submission and electronic remittances.

Claims:

File layouts for the National Standard Format (NSF), Version 2.0, will be available to providers and vendors in July 1995. This version of the NSF will accommodate the revised DMERC Certificates of Medical Necessity (CMN). Providers may begin using this format for the submission of their claims effective October 1, 1995.

Electronic Remittance Notices:

File layouts for the NSF remittance, Version 2.0, will be available to providers and vendors in October, 1995. Providers who wish to receive their electronic remittances in this format may begin to do so effective January 1, 1996.

If you have any questions regarding this information, please call our EDI Help Desk at (803) 788-9751.
IMMUNOSUPPRESSIVE DRUG THERAPY

PHASE-IN OF BENEFITS

Coverage for immunosuppressive drugs, initially established by OBRA 1986, has until recently been limited to one year after a covered organ transplant. OBRA 1993 authorized a phased-in extension of the benefit from 12 months to 36 months. Due to the provisions of the law and subsequent technical amendments, over the next few years the length of coverage for a particular beneficiary will be determined by the month of discharge following a Medicare covered transplant. The accompanying table associates the month of discharge from a covered organ transplant with the total number of months of coverage. For example, if the patient was discharged on January 1, 1994, coverage would be for 18 months and would end on June 30, 1995; if the patient was discharged on October, 15, 1994, coverage would be for 27 months and would end on January 14, 1997.

For beneficiaries whose date of discharge from the hospital following a covered transplant was on or before July 31, 1993, coverage is limited to one year. Effective January 3, 1995, claims processing systems were changed to accommodate the law and technical amendments, extending the benefit period for covered transplants with hospital discharge dates of August 1, 1993 and thereafter.

For beneficiaries who are eligible for the extended coverage, claims which have been submitted and were denied may be resubmitted, or if a claim was not filed, an original bill for a previously unbilled month (1994 or 1995) may be submitted. The dates of service must not extend beyond the authorized period of extended coverage, and the total months of coverage defined by the law and technical amendments may not be exceeded.

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MEDICAL POLICIES

The following medical policy releases include two new Medical Policies, one for Urological Supplies and the other for Surgical Dressings. Also included are replacement policies for Home Blood Glucose Monitors and Enteral Nutrition.

UROLOGICAL POLICY

DMERC REGIONAL MEDICAL REVIEW POLICY

SUBJECT: Urological Supplies

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS CODES:

A4310 - Insertion tray without drainage bag and without catheter (accessories only)
A4311 - Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312 - Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313 - Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314 - Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315 - Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316 - Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320 - Irrigation tray with bulb or piston syringe, any purpose
A4322 - Irrigation syringe, bulb or piston
A4323 - Sterile saline irrigation solution, 1000 ml
A4326 - Male external catheter specialty type, eg, inflatable, faceplate, etc. each
A4327 - Female external urinary collection device: metal cup, each
A4328 - Female external urinary collection device: pouch, each
A4329 - External catheter starter set, male/female, includes catheters/urinary collection device bag/pouch and accessories (tubing, clamps, etc.), 7 day supply
A4335 - Incontinence supply; miscellaneous
A4338 - Indwelling catheter; Foley type; two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)
A4340 - Indwelling catheter; specialty type, eg: coude, mushroom, wing, etc.
A4344 - Indwelling catheter; Foley type, two way, all silicone
A4346 - Indwelling catheter; Foley type, three way for continuous irrigation
A4347 - Male external catheter with or without adhesive, with or without anti-reflux device; per dozen

Urological Supplies

A4351 - Intermittent urinary catheter; straight tip
A4352 - Intermittent urinary catheter; coude (curved) tip
A4354 - Insertion tray with drainage bag but without catheter
A4355 - Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter
A4356 - External urethral clamp or compression device (not to be used for catheter clamp)
A4357 - Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube
A4358 - Urinary leg bag; vinyl, with or without tube
A4359 - Urinary suspensory without leg bag
A4402 - Lubricant, per ounce
A4455 - Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4554 - Disposable underpads, all sizes, (e.g. chux’s)
A5102 - Bedside drainage bottle, rigid or expandable
A5105 - Urinary suspensory; with leg bag, with or without tube
A5112 - Urinary leg bag; latex
A5113 - Leg strap; latex, per set
A5114 - Leg strap; foam or fabric, per set, pair
A5131 - Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5149 - Incontinence/ostomy supply; miscellaneous
A9270 - Noncovered item or service
K0132 - Male external catheter with or without adhesive, with or without anti-reflux device, each
K0133 - Intermittent urinary catheter, disposable, straight tip
K0134 - Intermittent urinary catheter, disposable, coude (curved) tip
K0135  - Intermittent urinary catheter, reusable; straight tip
K0136  - Intermittent urinary catheter, reusable; coude (curved) tip
K0250  - Skin sealants, protectants, moisturizers, any type, any size
K0265  - Tape, all types, per 18 square inches
K0280  - Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
K0281  - Lubricant, individual sterile packet, each
K0285  - Male external catheter, with adhesive coating, each
K0286  - Male external catheter, with adhesive strip, each
K0295  - Male external catheter, with adhesive coating, each
K0300  - Male external catheter, with adhesive strip, each
K0407  - Urinary catheter anchoring device, adhesive skin attachment
K0408  - Urinary catheter anchoring device, leg strap
K0409  - Sterile water irrigation solution, 1000 ml
K0410  - Male external catheter, with adhesive coating, each
K0411  - Male external catheter, with adhesive strip, each
XX004  - Urinary intermittent catheter with insertion tray
XX005  - Therapeutic agent for urinary catheter irrigation, 1000 ml
XX007  - Adhesive remover wipes, 50 per box
ZZ002  - Incontinence supply, component of another item

HCPCS MODIFIERS

ZX  - Specific requirements found in the Documentation section of the medical policy have been met and evidence of this is available in the supplier’s records
ZY  - Potentially noncovered item or service billed for denial or at beneficiary’s request (not to be used for medical necessity denials)

BENEFIT CATEGORY: Prosthetic Devices

DEFINITIONS:

A meatal cup female external urinary collection device (A4327) is a plastic cup which is held in place around the female urethra by suction or pressure and is connected to a urinary drainage container such as a bag or bottle.

A pouch type female external collection device (A4328) is a plastic pouch which is attached to the periurethral area with adhesive and which can be connected to a urinary drainage container such as a bag or bottle.

The general term “external urinary collection devices” used in this policy includes male external catheters and female pouches or meatal cups. This term does not include diapers or other types of absorptive pads.

Sterile catheterization technique involves the use of a new, sterile packaged catheter and sterile lubricant for each catheterization. It may also involve use of sterile gloves and drape and use of an antiseptic solution to cleanse the periurethral area. Clean, nonsterile intermittent catheterization technique involves the use of soap and water for cleansing of the periurethral area, a reusable catheter which is cleansed between episodes, and nonsterile lubricant.

A urinary catheter anchoring device described by code K0407 has an adhesive surface which attaches to the patient’s skin and a mechanism for releasing and re-anchoring the catheter multiple times without changing the device.

A urinary catheter anchoring device described by code K0408 is a strap which goes around a patient’s leg and has a mechanism for releasing and re-anchoring the catheter multiple times without changing the device.

A urinary intermittent catheter with insertion tray (XX004) is a kit which includes a catheter, lubricant, gloves, antiseptic solution, applicators, drape, and a tray or bag in a sterile package intended for single use.

Therapeutic agent for urinary irrigation (XX005) is defined as a solution containing agents in addition to saline or sterile water (for example acetic acid or hydrogen peroxide) which is used for the treatment or prevention of urinary catheter obstruction.

COVERAGE AND PAYMENT RULES:

General

Urinary catheters and external urinary collection devices are covered to drain or collect urine for a patient who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that patient within 3 months.

If the catheter or the external urinary collection device meets the coverage criteria then the related supplies that are necessary for their effective use are also covered. Urological supplies that are not used with, or for which use is not related to the covered use of catheters or external urinary collection devices (i.e., drainage and/or collection of urine from the bladder) will be denied as noncovered. Urological supplies billed without a ZX modifier (see Documentation section) will be denied as noncovered.

The patient must have a permanent impairment of urination. This does not require a determination that there is no possibility that the patient’s condition may improve sometime in the future. If the medical record, including the judgement
of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be denied as noncovered in situations in which it is expected that the condition will be temporary.

When urological supplies are furnished in a physician’s office, they may be billed to the DMERC only if the patient’s condition meets the definition of permanence. (In this situation, the catheters and related supplies are covered under the prosthetic device benefit.) If the patient’s condition is expected to be temporary, urological supplies may not be billed to the DMERC. (In this situation, they are considered as supplies provided incident to a physician’s service and payment is included in the allowance for the physician services which are processed by the local carrier.) When billing for urological supplies furnished in a physician’s office for a permanent impairment, use the place of service code corresponding to the beneficiary’s current place of residence; do not use POS 11, office.

The use of a urological supply for the treatment of chronic urinary tract infection or other bladder condition in the absence of permanent urinary incontinence or retention is noncovered. Since the patient’s urinary system is functioning, the criteria for coverage under the prosthetic benefit provision are not met.

The medical necessity for use of a greater quantity of supplies than the amounts specified in the policy must be well documented in the patient’s medical record and may be requested by the DMERC.

**Indwelling Catheters (A4311-A4316, A4338-A4346)**

No more than one catheter per month is covered for routine catheter maintenance. Nonroutine catheter changes are covered when documentation substantiates medical necessity, such as for the following indications:

1) Catheter is accidentally removed (e.g., pulled out by patient)
2) Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)
3) Catheter is obstructed by encrustation, mucus plug, or blood clots
4) History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change at intervals of less than once per month

When a specialty indwelling catheter (A4340) or an all silicone catheter (A4344, A4312, or A4315) is used, there must be documentation in the patient’s medical record of the medical necessity for that catheter rather than a straight Foley type catheter with coating (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex). This documentation may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be made based on the least costly medically appropriate alternative - A4338, A4311, or A4314 respectively.

A three way indwelling catheter either alone (A4346) or with other components (A4313 or A4316) will be covered only if continuous catheter irrigation is medically necessary. (Refer to the section “Continuous Irrigation of Indwelling Catheters” for indications for continuous catheter irrigations). In other situations, payment will be based on the least costly medically appropriate alternative (A4338, A4311, or A4314 respectively.)

**Catheter Insertion Tray (A4310-A4316, A4354, XX004)**

One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not medically necessary.

One intermittent catheter insertion tray (XX004) will be covered per episode of medically necessary sterile intermittent catheterization (see below). Catheter insertion trays will be denied as not medically necessary for clean, nonsterile intermittent catheterization.

Insertion trays that contain component parts of the urinary collection system, (e.g., drainage bags and tubing) are inclusive sets and payment for additional component parts will be allowed only per the stated criteria in each section of the policy.

**Urinary Drainage Collection System (A4314-A4316, A4357, A4358, A5102, A5112)**

Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for medically necessary nonroutine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection).

**Usual Maximum Quantity of Supplies**

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<td>A5112</td>
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Leg bags are indicated for patients who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden patients would be denied as not medically necessary.

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The above text is a detailed explanation of the Medicare Advisory for the use of medical supplies, specifically focusing on indwelling catheters and related urinary collection systems. It outlines the criteria for coverage, medical necessity requirements, and specific policies for billing and payment.
Intermittent catheterization using sterile technique is covered when:

necessary for clean, non-sterile intermittant catheterization.

Eight units of service (8 oz.) would be covered per month. An individual packet of lubricant (K0281) is not medically replacement. Nonsterile lubricating gel (A4402) would be covered for use with catheters (A4351-A4352) on a weekly basis unless there is documentation of the medical necessity for more frequent procedure. When clean, nonsterile catheterization technique is used, Medicare will cover replacement of intermittent catheterization is not medically necessary, sterile supplies will be denied as not medically necessary.

Intermittent Catheterization

Continuous Irrigation of Indwelling Catheter

Supplies for the intermittent irrigation of an indwelling catheter are covered when they are used on an as needed (nonroutine) basis in the presence of acute obstruction of the catheter. Routine intermittent irrigations of a catheter will be denied as not medically necessary. Routine irrigations are defined as those performed at predetermined intervals. In individual cases, the DMERC may request a copy of the order for irrigation and documentation in the patient’s medical record of the presence of acute catheter obstruction when irrigation supplies are billed.

Covered supplies for medically necessary nonroutine irrigation of a catheter include either an irrigation tray (A4320) or an irrigation syringe (A4322), and sterile saline (A4323) or sterile water (K0409). When syringes, trays, sterile saline or water are used for routine irrigation, they will be denied as not medically necessary. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Irrigating solutions such as acetic acid or hydrogen peroxide which are used for the treatment or prevention of urinary obstruction (XX005) will be denied as not medically necessary.

Irrigation supplies that are used for care of the skin or perineum of incontinent patients are noncovered.

Continuous Irrigation of Indwelling Catheter

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with medically necessary catheter changes. Continuous irrigation as a primary preventative measure (i.e. no history of obstruction) will be denied as not medically necessary. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation. The records must also indicate the rate of solution administration and the duration of need. This documentation may be requested by the DMERC.

Covered supplies for medically necessary continuous bladder irrigation include a 3-way foley catheter (A4313, A4316, A4346), irrigation tubing set (A4355), and sterile saline (A4323) or sterile water (K0409). More than one irrigation tubing set per day for continuous catheter irrigation will be denied as not medically necessary.

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Payment for irrigating solutions such as acetic acid or hydrogen peroxide will be based on the allowance for sterile water (K0409) or sterile saline (A4323).

Continuous irrigation is a temporary measure. Continuous irrigation for more than 2 weeks is rarely medically necessary. The patient’s medical records should indicate this medical necessity and these medical records may be requested by the DMERC.

Intermittent Catheterization

Intermittent catheterization is covered when basic coverage criteria are met and the patient or caregiver can perform the procedure. When clean, nonsterile catheterization technique is used, Medicare will cover replacement of intermittent catheters (A4351-A4352) on a weekly basis unless there is documentation of the medical necessity for more frequent replacement. Nonsterile lubricating gel (A4402) would be covered for use with clean nonsterile catheterization technique. Eight units of service (8 oz.) would be covered per month. An individual packet of lubricant (K0281) is not medically necessary for clean, non-sterile intermittent catheterization.

Intermittent catheterization using sterile technique is covered when:

1) the patient resides in a nursing facility, or
2) the patient has had recurrent urinary tract infections with pyuria and fever and, in the judgement of the beneficiary’s physician, sterile technique is indicated. Pyuria and/or bacteriuria by themselves are not diagnostic of a clinically significant urinary infection in a catheterized patient

For each episode of covered sterile catheterization, Medicare will cover a) one catheter (A4351, A4352) and an individual packet of lubricant (K0281) or b) an intermittent catheter kit (XX004) - See Definition section for contents of the kit. The kit code should be used for billing even if the components are packaged separately rather than together as a kit. If sterile catheterization is not medically necessary, sterile supplies will be denied as not medically necessary.

When a coude (curved) tip catheter (A4352) is used, there must be documentation in the patient’s medical record of the medical necessity for that catheter rather than a straight tip catheter (A4351). An example would be the inability to catheterize with a straight tip catheter. This documentation may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be based on the least costly medically appropriate alternative - A4351.
External Catheters/Urinary Collection Devices

Male external catheters (condom-type) or female external urinary collection devices are covered for patients who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

The utilization of male external catheters (K0410 or K0411) generally should not exceed 35 per month. Greater utilization of these devices must be accompanied by documentation of medical necessity.

Adhesive strips or tape used with code K0411 (Male external catheter, with adhesive strip, each) are included in the allowance for that code and are not separately payable by the DMERC. If adhesive strips or tape are used with code K0410 (Male external catheter, with adhesive coating, each), payment will be denied as not medically necessary.

Male external catheters (condom-type) or female external urinary collection devices will be denied as not medically necessary when ordered for patients who also use an indwelling catheter.

Specialty type male external catheters such as those that inflate or that include a faceplate (A4326) are covered only when documentation substantiates the medical necessity for such a catheter. Payment will be based on the least costly medically appropriate alternative if documentation does not substantiate medical necessity.

For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied as not medically necessary.

Miscellaneous Supplies

Appliance cleaner (A5131) is covered when used to clean the inside of certain urinary collecting appliances (A5102, A5112). More than one unit of service (16 oz.) per month is rarely medically necessary.

One external urethral clamp or compression device (A4356) is covered every 3 months or sooner if the rubber/foam casing deteriorates.

Tape (K0265) which is used to secure an indwelling catheter to the patient’s body is covered. More than 10 units (1 unit = 18 sq.in.; 10 units = 180 sq.in. = 5 yds. of 1 inch tape) per month will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case. Adhesive catheter anchoring devices (K0407) and catheter leg straps (K0408) are covered. More than 3 per week of K0407 or 1 per month of K0408 will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case.

Extension tubing (K0280) will be covered for use with a latex urinary leg bag (A5112). It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358 and A5105 and should not be separately billed with these codes.

Other supplies used in the management of incontinence, including but not limited to the following items, will be denied as noncovered because they are not prosthetic devices nor are they required for the effective use of a prosthetic device:

1. Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products (K0250).
2. Catheter care kits (A9270).
3. Adhesive remover (A4455, XX007). (Coverage remains for use with ostomy supplies.)
4. Catheter clamp or plug (A9270).
5. Disposable underpads, e.g. Chux (A4554).
6. Diapers, drip collectors, or incontinent garments, disposable or reusable (A9270).
7. Drainage bag holder or stand (A9270).
8. Urinary suspensory without leg bag (A4359).
10. Urinary drainage tray (A9270).
11. Gauze pads (K0216-K0218) and other dressings (coverage remains under other benefits, e.g. surgical dressings).
12. Other incontinence products not directly related to the use of a covered urinary catheter or external urinary collection device (A9270).

CODING GUIDELINES:

Procedure codes A4347 and K0132 are not valid for claims submitted to the DMERC. When billing for male external catheters, use code K0410 or K0411 and one unit of service for each catheter supplied.

Irrigation solutions containing antibiotics and chemotherapeutic agents should be coded A9270. Irrigating solutions such as acetic acid or hydrogen peroxide which are used for the treatment or prevention of urinary obstruction should be coded XX005.

Adhesive strips or tape used with code K0411 (Male external catheter, with adhesive strip, each) should not be billed separately. Adhesive strips and tape used in conjunction with code K0410 (Male external catheter, with adhesive coating, each) should be billed with code A4335.

Procedure code A4329 is not valid for claim submission to the DMERC. Components should be billed by individual codes.
Code A4454 (Tape, all types, all sizes) is not valid for claim submission to the DMERC. Code K0265 should be used instead.

Procedure codes K0133-K0136 are not valid for claims submitted to the DMERC. Use code A4351 in place of K0133 or K0135. Use code A4352 in place of K0134 or K0136.

Code A5149 is not valid for claims submitted to the DMERC. Use code A4335 for miscellaneous incontinence supplies.

An external catheter that contains a barrier for attachment should be coded using A4335.

Codes A5113 and A5114 are for replacement leg straps used with a urinary leg bag (A4358, A5105, or A5112). These codes are not used for a leg strap for an indwelling catheter.

Codes for ostomy barriers (A5119, K0137-K0139) should not be used for skin care products used in the management of urinary incontinence.

In the following table, the column I code includes the items identified by the codes in column II. The Column I code must be used instead of multiple column II codes when the items are provided at the same time.

<table>
<thead>
<tr>
<th>Column I</th>
<th>Codes II</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4311</td>
<td>A4310, A4338</td>
</tr>
<tr>
<td>A4312</td>
<td>A4310, A4344</td>
</tr>
<tr>
<td>A4313</td>
<td>A4310, A4346</td>
</tr>
<tr>
<td>A4314</td>
<td>A4310, A4311, A4338, A4354, A4357, K0280</td>
</tr>
<tr>
<td>A4315</td>
<td>A4310, A4312, A4344, A4354, A4357, K0280</td>
</tr>
<tr>
<td>A4316</td>
<td>A4310, A4313, A4346, A4354, A4357, K0280</td>
</tr>
<tr>
<td>A4354</td>
<td>K0280</td>
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<tr>
<td>A4357</td>
<td>K0280</td>
</tr>
<tr>
<td>A4358</td>
<td>A5113, A5114, K0280</td>
</tr>
<tr>
<td>A5112</td>
<td>A5113, A5114</td>
</tr>
<tr>
<td>A5105</td>
<td>A4358, A4359, A5112, A5113, A5114, K0280</td>
</tr>
<tr>
<td>K0411</td>
<td>K0265</td>
</tr>
<tr>
<td>XX004</td>
<td>A4310, A4351</td>
</tr>
</tbody>
</table>

If a code exists that includes multiple products, that code should be used in lieu of the individual codes.

**DOCUMENTATION:**

An order for the supplies which has been signed and dated by the ordering physician must be kept on file by the supplier. The order must include the type of supplies ordered and the approximate quantity to be used per unit of time. On the order, there must be a statement indicating whether the patient has permanent or temporary urinary incontinence or retention or other indication for use of a catheter or urinary collection device. If the order indicates permanent urinary incontinence or urinary retention, and if the item is a catheter, an external urinary collection device or a supply used with one of these items, the ZX modifier should be added to the code for each urological supply on each claim submitted. The ZX modifier may only be used when these requirements are met. If the requirements for the modifier are not met, the supplier can submit additional information with the claim to justify coverage.

If a supplier is billing for items which are noncovered, this must be indicated on the claim. The recommended way of doing this is to add the ZY modifier to the code.

When billing for quantities of supplies greater than those described in the policy as the usual replacement frequency (e.g. more than one indwelling catheter per month, more than two bedside drainage bags per month, more than 35 male external catheters per month, etc.), the claim must include documentation supporting the medical necessity for the higher utilization. This information should be attached to a hard copy claim or entered in the HAO record of an electronic claim.

The initial claim for catheters or kits used for sterile intermittent catheterization in the home must be accompanied by documentation supporting the medical necessity for sterile technique.

**EFFECTIVE DATE:** For claims received by the DMERC on or after October 1, 1995.

**ORIGINAL PUBLICATION DATE:** September, 1993
Note:  HCPCS Code Update *

Effective for claims with dates of service on or after October 1, 1995, the following HCPCS codes are valid for submission to the DMERC:

A4351  Intermittent urinary catheter; straight tip  
A4352  Intermittent urinary catheter; coude (curved) tip  
K0407  Urinary catheter anchoring device, adhesive skin attachment  
K0408  Urinary catheter anchoring device, leg strap  
K0409  Sterile water irrigation solution, 1000 ml  
K0410  Male external catheter, with adhesive coating, each  
K0411  Male external catheter, with adhesive strip, each  

Effective for claims with dates of service on or after October 1, 1995, the following HCPCS codes will no longer be valid for submission to the DMERC:

K0132  Male external catheter with or without adhesive, with or without anti-reflux device, each  
K0133  Intermittent urinary catheter, disposable; straight tip  
K0134  Intermittent urinary catheter, disposable; coude (curved) tip  
K0135  Intermittent urinary catheter, reusable; straight tip  
K0136  Intermittent urinary catheter, reusable; coude (curved) tip

* This is not an all-inclusive list.
SURGICAL DRESSING POLICY

DMERC REGIONAL MEDICAL REVIEW POLICY

SUBJECT: Surgical dressings

HCPCS CODES:

The appearance of a code in this section does not necessarily indicate coverage.

A4460 - Elastic bandage, per roll (e.g., compression bandage)
A4649 - Surgical supplies, miscellaneous
K0154 - Wound pouch, each
K0196 - Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing
K0197 - Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing
K0198 - Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing
K0199 - Alginate dressing, wound filler, per 6 inches
K0203 - Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0204 - Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0205 - Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0206 - Contact layer, 16 sq. in. or less, each dressing
K0207 - Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing
K0208 - Contact layer, more than 48 sq. in., each dressing
K0209 - Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0210 - Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0211 - Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0212 - Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0213 - Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0214 - Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0215 - Foam dressing, wound filler, per gram
K0216 - Gauze, non-impregnated, pad size 16 sq. in. or less, without adhesive border, each dressing
K0217 - Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0218 - Gauze, non-impregnated, pad size more than 48 sq. in., without adhesive border, each dressing
K0219 - Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0220 - Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0221 - Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0222 - Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
K0223 - Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0224 - Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
K0228 - Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
K0229 - Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0230 - Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
K0234 - Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0235 - Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0236 - Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0237 - Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0238 - Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0239  - Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0240  - Hydrocolloid dressing, wound filler, paste, per fluid ounce
K0241  - Hydrocolloid dressing, wound filler, dry form, per gram
K0242  - Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0243  - Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0244  - Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0245  - Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0246  - Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0247  - Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0248  - Hydrogel dressing, wound filler, gel, per fluid ounce
K0249  - Hydrogel dressing, wound filler, dry form, per gram
K0250  - Skin sealants, protectants, moisturizers, any type, any size
K0251  - Specially absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
K0252  - Specially absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
K0253  - Specially absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
K0254  - Specially absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
K0255  - Specially absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
K0256  - Specially absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
K0257  - Transparent film, 16 sq. in. or less, each dressing
K0258  - Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing
K0259  - Transparent film, more than 48 sq. in., each dressing
K0260  - Wound cleansers, any type, any size
K0261  - Wound filler, not elsewhere classified, gel/paste, per fluid ounce
K0262  - Wound filler, not elsewhere classified, dry form, per gram
K0263  - Gauze, elastic, all types, per linear yard
K0264  - Gauze, non-elastic, per linear yard
K0265  - Tape, all types, per 18 square inches
K0266  - Gauze, impregnated, other than water or normal saline, any width, per linear yard

HCPCS MODIFIERS:

X1  - Dressing used as a primary or secondary dressing on one surgical or debrided wound
X2  - Dressing used as a primary or secondary dressing on two surgical or debrided wounds
X3  - Dressing used as a primary or secondary dressing on three surgical or debrided wounds
X4  - Dressing used as a primary or secondary dressing on four surgical or debrided wounds
X5  - Dressing used as a primary or secondary dressing on five surgical or debrided wounds
X6  - Dressing used as a primary or secondary dressing on six surgical or debrided wounds
X7  - Dressing used as a primary or secondary dressing on seven surgical or debrided wounds
X8  - Dressing used as a primary or secondary dressing on eight surgical or debrided wounds
X9  - Dressing used as a primary or secondary dressing on nine or more surgical or debrided wounds
ZY  - Potentially non-covered item or service billed for denial or at a beneficiary’s request (not to be used for medical necessity denials)

BENEFIT CATEGORY:  Surgical Dressings

DEFINITIONS:

Wound fillers are dressing materials which are placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface.

Wound covers are flat dressing pads. A wound cover with adhesive border is one which has an integrated cover and distinct adhesive border designed to adhere tightly to the skin.

A surgical dressing kit is defined as non-individualized, standardized packaging containing repetitive quantities of dressings not related to the individual medical needs of a beneficiary, or whose contents have not each been prescribed for the care of the specific wounds of that beneficiary, or that contain materials in addition to surgical dressings.
Composite dressings are products combining physically distinct components into a single dressing that provides multiple functions. These functions must include, but are not limited to: (a) a bacterial barrier, (b) an absorptive layer other than an alginate, foam, hydrocolloid, or hydrogel, (c) either a semi-adherent or nonadherent property over the wound site, and (d) an adhesive border.

Contact layers are thin non-adherent sheets placed directly on an open wound bed to protect the wound tissue from direct contact with other agents or dressings applied to the wound. They are porous to allow wound fluid to pass through for absorption by an overlying dressing.

Impregnated gauze dressings are woven or non-woven materials in which substances such as iodinated agents, petrolatum, zinc compounds, crystalline sodium chloride, chlorhexadine gluconate (CHG), bismuth tribromophenate (BTP), water, aqueous saline, or other agents have been incorporated into the dressing material by the manufacturer. However, when the dressing and the substance with which it is impregnated are listed in combination in the FDA Orange Book (e.g. an antibiotic impregnated dressing which requires a prescription), then the entire item is considered a drug which is noncovered under the surgical dressing benefit and should not be coded using K0222-K0224.

Specialty absorptive dressings are unitized multilayer dressings which provide (a) either a semi-adherent quality or nonadherent layer, and (b) highly absorptive layers of fibers such as absorbent cellulose, cotton, or rayon. These may or may not have an adhesive border.

A wound pouch is a waterproof collection device with a drainable port that adheres to the skin around a wound.

The staging of pressure ulcers used in this policy is as follows:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>nonblanchable erythema of intact skin</td>
</tr>
<tr>
<td>II</td>
<td>partial thickness skin loss involving epidermis and/or dermis</td>
</tr>
<tr>
<td>III</td>
<td>full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia</td>
</tr>
<tr>
<td>IV</td>
<td>full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures</td>
</tr>
</tbody>
</table>

**COVERAGE AND PAYMENT RULES:**

Surgical dressings are covered when either of the following criteria are met:

1. They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure; or
2. They are medically necessary when debridement of a wound is medically necessary.

Surgical dressings include both primary dressings (i.e. therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) or secondary dressings (i.e. materials that serve a therapeutic or protective function and that are needed to secure a primary dressing). Items such as adhesive tape, roll gauze, or elastic bandages are examples of secondary dressings. Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings. In the very rare situation when one of these items might possibly be used as a secondary dressing, it should be coded A4649 and individual consideration will be given to claims submitted with additional documentation demonstrating that the item is medically necessary, serves a therapeutic or protective function, and is needed to secure the primary dressing. If an alternative secondary dressing item (e.g., adhesive tape) is effective in securing the primary dressing, the aforementioned items would not be covered.

The surgical procedure or debridement must be performed by a physician or other health care professional to the extent permissible under State law. Surgical dressings must be ordered by a physician or a Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse-Midwife or Physician’s Assistant who was acting within the scope of his or her legal authority as defined by State law or regulation.

Debridement of a wound may be any type of debridement (examples given are not all-inclusive): surgical (e.g. sharp instrument or laser), mechanical (e.g. irrigation or wet-to-dry dressings), chemical (e.g. topical application of enzymes), or autolytic (e.g. application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the agents themselves are non-covered.

Surgical dressings are covered for as long as they are medically necessary. Dressings over a percutaneous catheter or tube (e.g. intravascular, epidural, nephrotomy, etc.) would be covered as long as the catheter or tube remains in place and after removal until the wound heals. (Refer to Coding Guidelines)
Examples of situations in which dressings are noncovered under the surgical dressing benefit are:

a) drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure;
b) a Stage I pressure ulcer;
c) a first degree burn;
d) wounds caused by trauma which do not require surgical closure or debridement - e.g. skin tear or abrasion;
e) a venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle

Surgical dressing codes billed without modifiers X1 - X9 (See Coding Guidelines) are non-covered under the Surgical Dressing Benefit. Certain dressings may be covered under other benefits (e.g., see Ostomy Supply Policy).

If a physician, Certified Nurse Midwife, Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable. Claims for these dressings should not be submitted to the DMERC. Claims for the professional service which includes the dressings should be submitted to the local carrier. If dressing changes are sent home with the patient, claims for these may be submitted to the DMERC. In this situation, use the place of service corresponding to the patient's residence, and Place of Service Office (POS=11) should not be used.

Dressings used in conjunction with investigational wound therapy (e.g., platlet-derived wound healing formula) are denied as not medically necessary.

When a wound cover with an adhesive border is being used, no other dressing would be used on top of it and additional tape is usually not required. Reasons for use of additional tape would have to be well documented. An adhesive border is usually more binding than that obtained with separate taping and is therefore indicated for use with wounds requiring less frequent dressing changes.

Use of more than one type of wound filler or more than one type of wound cover in a single wound would rarely be medically necessary and the reasons would have to be well documented.

It may not be appropriate to use some combinations of a hydrating dressing on the same wound at the same time as an absorptive dressing (e.g., hydrogel and alginate).

Because composite dressings, foam and hydrocolloid wound covers, and transparent film, when used as secondary dressings, are meant to be changed at frequencies less than daily, appropriate clinical judgement should be used to avoid their use with primary dressings which would require more frequent dressing changes.

When claims are submitted for these dressing for changes greater than once every other day, the quantity in excess of that amount will be denied as not medically necessary. While a highly exudative wound might require such a combination initially, with continued proper management the wound should progress to a point where the appropriate selection of these products should result in the less frequent dressing changes which they are designed to allow. An example of an inappropriate combination would be the use of a specialty absorptive dressing on top of non-impregnated gauze being used as a primary dressing.

Dressing size should be based on and appropriate to the size of the wound. For wound covers, the pad size should usually be about 2 inches greater than the dimensions of the wound. For example, a 5 cm X 5 cm (2 in. X 2 in.) wound would require a 4 in. X 4 in. pad size.

The following are examples of wound care items which would not be covered under the surgical dressing benefit: skin sealants or barriers, wound cleansers or irrigating solutions, solutions used to moisten gauze (e.g. saline), topical antiseptics, topical antibiotics, enzymatic debriding agents, gauze or other dressings used to cleanse or debride a wound but not left on the wound. Also any item listed in the latest edition of the Orange Book is considered a drug and is not covered under the surgical dressing benefit. In general, Medicare Part B does not cover self-administered drugs. All of the above items will be denied as noncovered supplies. Codes K0250 and K0260 have been established to describe some of these products. These codes will be denied as noncovered.

The quantity and type of dressings dispensed at any one time must take into account the current status of the wound(s), the likelihood of change, and the recent use of dressings. Dressing needs may change frequently (e.g. weekly) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using and to adjust their provision of dressings accordingly. No more than a one month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate in the situations described above.
Surgical dressings must be tailored to the specific needs of an individual patient. This cannot be accomplished when dressings are provided as kits or trays containing fixed quantities and/or multiple types of dressings. Dressings must be individually provided to meet the needs of a specific patient. When surgical dressing kits as defined in this policy are used for the provision of surgical dressings, all components of the kit billed are denied as not medically necessary.

The following are some specific coverage guidelines for individual products when the products themselves are necessary in the individual patient. The medical necessity for more frequent change of dressing should be documented in the patient’s medical record and submitted with the claim to the DMERC (see Documentation section).

**Alginate dressing (K0196-K0198)**

Alginate dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not medically necessary on dry wounds or wounds covered with eschar. Usual dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate rope) would usually be used at each dressing change. It is usually inappropriate to use alginates in combination with hydrogels.

**Composite dressing (K0203-K0205)**

Usual composite dressing change is up to 3 times per week, one wound cover per dressing change.

**Contact layer (K0206-K0208)**

Contact layer dressings are used to line the entire wound; they are not intended to be changed with each dressing change. Usual dressing change is up to once per week.

**Foam dressing (K0209-K0215)**

Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Usual dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change may be up to 3 times per week. Usual dressing change for foam wound fillers is up to once per day.

**Gauze, non-impregnated (K0216-K0221)**

Usual non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not necessary to stack more than 2 gauze pads on top of each other in any one area.

**Gauze, impregnated, other than water or normal saline (K0222-K0224)**

Usual dressing change for gauze dressings impregnated with other than water or normal saline is up to once per day.

**Gauze, impregnated, water or normal saline (K0228-K0230)**

There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, payment will be based on the least costly medically appropriate alternative, K0216-K0218. Bulk saline or sterile water is noncovered under the surgical dressing benefit.

**Hydrocolloidal dressing (K0234-K0241)**

Hydrocolloidal dressings are covered for use on wounds with light to moderate exudate. Usual dressing change for hydrocolloidal wound covers or hydrocolloidal wound fillers is up to 3 times per week.

**Hydrogel dressing (K0242-K0248)**

Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., stage III or IV ulcers). Hydrogel dressings are not usually medically necessary for stage II ulcers. Documentation must substantiate the medical necessity for use of hydrogel dressings for stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Usual dressing change for hydrogel wound covers with adhesive border is up to 3 times per week.

The quantity of hydrogel filler used for each wound should not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not medically necessary. Documentation must substantiate the medical necessity for code K0248 billed in excess of 3 units (fluid ounces) per wound in 30 days.
Use of both a hydrogel filler and a hydrogel cover on the same wound at the same time is not medically necessary. The cover is denied as not medically necessary.

**Specialty absorptive dressing (K0251-K0256)**

Specialty absorptive dressings are covered when used for moderately or highly exudative wounds (e.g., stage III or IV ulcers). Usual specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

**Transparent film (K0257-K0259)**

Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Usual dressing change is up to 3 times per week.

**Wound filler, not elsewhere classified (K0261-K0262)**

Usual dressing change is up to once per day.

**Wound pouch (K0154)**

Usual dressing change is up to 3 times per week.

**Tape (K0265)**

Tape is covered when needed to hold on a wound cover, elastic roll gauze or non-elastic roll gauze. Additional tape is usually not required when a wound cover with an adhesive border is used. The medical necessity for tape in these situations would need to be documented. Tape change is determined by the frequency of change of the wound cover. Quantities of tape submitted should reasonably reflect the size of the wound cover being secured. Usual use for wound covers measuring 16 square inches or less is up to 2 units per dressing change; for wound covers measuring 16 to 48 square inches, up to 3 units per dressing change; for wound covers measuring greater than 48 square inches, up to 4 units per dressing change.

**Elastic bandage (A4460)**

Elastic bandages are covered when used as a secondary dressing to hold wound cover dressings in place. When an elastic bandage is used over a wound cover with adhesive border or over a wound cover which is held in place by tape, elastic roll gauze or non-elastic roll gauze, or transparent film, the elastic bandage is noncovered. Elastic bandages are also noncovered when used for strains, sprains, edema, or situations other than as a secondary surgical dressing.

Most elastic bandages are reusable. Usual frequency of replacement would be no more than one per week.

**Gauze, elastic (K0263)**

Elastic gauze dressing change is determined by the frequency of change of the selected primary dressing. When a dressing is secured with tape or has an adhesive border, overlying elastic gauze is denied as noncovered.

**Gauze, non-elastic (K0264)**

Non-elastic gauze dressing change is determined by the frequency of change of the selected primary dressing. When a dressing is secured with tape or has adhesive border, overlying non-elastic gauze is denied as noncovered.

**CODING GUIDELINES:**

Codes A4190-A4205, A4454 and K0152 are not valid for claims submitted to the DMERC. Codes K0196-K0248 or K0250-K0266 should be used instead. Code K0249 is not valid for claims submitted to the DMERC. Code K0262 should be used instead.

When dressings are covered under other benefits - e.g. durable medical equipment (infusion pumps) or prosthetic devices (parenteral and enteral nutrition, tracheostomy) - and are included in supply allowance codes - e.g. K0110 with a covered infusion pump, B4224 with parenteral nutrition, B4034-B4036 with enteral nutrition, A4625 or K0165 with a tracheostomy - they may not be separately billed using the surgical dressing codes. Dressings over infusion access entry sites not used in conjunction with covered use of infusion pumps, or over catheter/tube entry sites into a body cavity (other than tracheostomy) should be billed separately using the appropriate surgical dressing code.
Wound fillers come in hydrated forms (e.g. pastes, gels), dry forms (e.g. powder, granules, beads), or other forms such as rope, spiral, pillows, etc. For certain materials, unique codes have been established - e.g. alginate wound filler (K0199), foam wound filler (K0215), hydrocolloid wound filler (K0240-K0241), and hydrogel wound filler (K0248). Wound fillers not falling into any of these categories would be coded as K0261 or K0262.

The units of service for wound fillers are 1 gram, 1 fluid ounce, or 6 inch length depending on the product. If the individual product is packaged as a fraction of a unit (e.g. 1/2 fluid ounce), determine the units billed by multiplying the number dispensed times the individual product size and rounding to the nearest whole number. For example, if eleven (11) 1/2 oz. tubes of a wound filler are dispensed, bill 6 units (11 X 1/2 = 5.5; round to 6).

Surgical Dressings - 5/24/95

For some wound fillers, the units on the package do not correspond to the units of the new code. For example, some pastes or gels are labelled as grams (instead of fluid ounces), some wound fillers are labelled as cc. or ml. (instead of fluid ounces or grams), some are described by linear dimensions (instead of grams). In these situations, the supplier should contact the manufacturer to determine the appropriate conversion factor or unit of service which corresponds to the new code.

Some wound covers are available both without and with an adhesive border. For wound covers with an adhesive border, the code to be used is determined by the pad size, not by the outside adhesive border dimensions. For example, a hydrocolloid dressing with outside dimensions of 6 in. X 6 in. which has a 4 in. X 4 in. pad surrounded by a 1 in. border on each side is coded as K0237, "... pad size 16 sq. inch or less ..."

Products containing multiple materials are categorized according to the clinically predominant component (e.g., alginate, foam, gauze, hydrocolloid, hydrogel). Other multi-component wound dressings not containing these specified components may be classified as composite or specialty absorptive dressings if the definition of these categories has been met. Multi-component products may not be unbundled and billed as the separate components of the dressing.

Gauze or gauze-like products are typically manufactured as a single piece of material folded into a several ply gauze pad. Coding must be based on the functional size of the pad as it is commonly used in clinical practice.

For all dressings, if a single dressing is divided into multiple portion/pieces, the code and quantity billed must represent the originally manufactured size and quantity.

Paste or powder commonly used with ostomies will continue to be coded using codes K0138 (Skin barrier; paste, per oz.) and K0139 (Skin barrier; powder, per oz.) and not one of the wound filler codes. (See Ostomy Supplies policy for details.)

Modifiers (X1 - X9) have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. For example,

X1 Dressing used as a primary or secondary dressing on one surgical or debrided wound.
X2 Dressing used as a primary or secondary dressing on two surgical or debrided wounds.
X9 Dressing used as a primary or secondary dressing on nine or more surgical or debrided wounds.

The modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the patient has four (4) wounds but a particular dressing is only used on two (2) of them, the X2 modifier should be used with that HCPCS code.

If the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound, do not use modifiers X1-X9. When dressings are provided in non-covered situations (e.g., use of gauze in the cleansing of a wound or intact skin), a ZY modifier must be added to the code and a brief description of the reason for non-coverage included - e.g. "K0216ZY - used for wound cleansing."

When dressing codes are billed for items covered under another benefit (e.g., gauze for a continent ostomy which is covered under the prosthetic device benefit) claims must be billed according to the documentation requirements specified in the applicable policy (See Ostomy Supplies policy for details.)

A supplier wanting to know which code to use for a particular dressing should refer to the Surgical Dressing Product Classification List published separately or contact the Statistical Analysis DME Regional Carrier (SADMERC) - Palmetto Government Benefits Administrators. Surgical dressings listed under specific codes in the Surgical Dressing Product Classification List should not be coded using the miscellaneous code A4649. Impregnated roll gauze dressings designed for the treatment of venous stasis ulcers are examples of dressings that would be properly coded using A4649.
DOCUMENTATION:

An order for surgical dressings must be signed and dated by the patient’s attending physician, by a consulting physician for the condition resulting in the need for the dressing, or by a Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse-Midwife or Physician’s Assistant who is directly involved with the care of the patient. The order from a nonphysician must be countersigned by the physician when required by State law. This order must be kept on file by the supplier.

The order must specify (a) the type of dressing (e.g. hydrocolloid wound cover, hydrogel wound filler, etc.), (b) the size of the dressing (if appropriate), (c) the number/amount to be used at one time (if more than one), (d) the frequency of dressing change, and (e) the expected duration of need.

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However a new order is required at least every 3 months for each dressing being used even if the quantity used has remained the same or decreased.

Information defining the number of surgical/debrided wounds being treated with a dressing, the reason for dressing use (e.g. surgical wound, debrided wound, etc.), and whether the dressing is being used as a primary or secondary dressing or for some noncovered use (e.g. wound cleansing) should be obtained from the physician, nursing home, or home care nurse. The source of that information and date obtained should be documented in the supplier’s records.

Current clinical information which supports the reasonableness and necessity of the type and quantity of surgical dressings provided must be present in the patient’s medical records. Evaluation of a patient’s wound(s) must be performed at least on a monthly basis unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the patient’s need for dressings. Evaluation would be expected on a more frequent basis (e.g. weekly) in patients in a nursing facility or in patients with heavily draining or infected wounds. The evaluation may be performed by a nurse, physician or other health care professional. This evaluation must include the type of each wound (e.g. surgical wound, pressure ulcer, burn, etc), its location, its size (length X width in cm.) and depth, the amount of drainage, and any other relevant information. This information does not have to be routinely submitted with each claim. However a brief statement documenting the medical necessity of any quantity billed which exceeds the quantity needed for the usual dressing change frequency stated in the policy must be submitted with the claim. This statement may be attached to a hard copy claim or entered in the HAØ record of an electronic claim.

When surgical dressings are billed, the appropriate modifier (X1-X9 or ZY) must be added to the code when applicable. If X9 is used, information must be submitted with the claim indicating the number of wounds. If ZY is used, a brief description of the reason for non-coverage (e.g., “K0216ZY - used for wound cleansing”) must be included. These statements should be included with a hard copy claim or entered into the HAØ record.

When code A4649 is used for a dressing, the appropriate modifier to indicate the number of wounds should be used and the claim must include the brand name, product number and size of the product provided as well as a statement describing the medical necessity for that dressing in that patient.

EFFECTIVE DATE: Claims received by the DMERC on or after October 1, 1995.

ORIGINAL PUBLICATION DATE: September, 1993
### Surgical Dressing Product Classification

**Effective Date:** June 1, 1995

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## SURGICAL DRESSING PRODUCT CLASSIFICATION (Cont’d)

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<td>Johnson &amp; Johnson</td>
<td>Specialty absorbent dressing</td>
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<td>Johnson &amp; Johnson</td>
<td>Meticulously sterilized dressing</td>
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<td>SWEEF-A-FEEL</td>
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<td>Hydrocellulose dressing, wound cover</td>
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<td>TEGADERM</td>
<td>3M</td>
<td>Transparent Film</td>
<td>R0237 - R0239</td>
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<td>3M</td>
<td>Contact layer</td>
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<td>Kendall</td>
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<td>TRAND</td>
<td>Sween</td>
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<td>ULTER</td>
<td>Sherwood</td>
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<td>Smith &amp; Nephew United</td>
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<td>Bard</td>
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<td>WOJUMBER</td>
<td>24600</td>
<td>Wound Pouch</td>
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</table>
Note: Claims for surgical dressing codes which must be individually considered should include the brand name of the product, the product number and the product manufacturer when submitted to the DMERC. For paper claims this information may be included on the HCFA 1500 (12/90) claim form, space permitting, or attached on a separate sheet. Electronic billers should include this information in the HA0 record. For your convenience, all individually considered surgical dressing codes are listed below.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>K0198</td>
<td>Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing</td>
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<tr>
<td>K0205</td>
<td>Composite dressing, pad size, more than 48 sq. in., with any size adhesive border, each dressing</td>
</tr>
<tr>
<td>K0206</td>
<td>Contact layer, 16 sq. in. or less, each dressing</td>
</tr>
<tr>
<td>K0207</td>
<td>Contact layer, more than 48 sq. in., each dressing</td>
</tr>
<tr>
<td>K0213</td>
<td>Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing</td>
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<tr>
<td>K0215</td>
<td>Foam dressing, wound filler, per gram</td>
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<tr>
<td>K0218</td>
<td>Gauze, non-impregnated, pad size more than 48 sq. in., without adhesive border, each dressing</td>
</tr>
<tr>
<td>K0221</td>
<td>Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
</tr>
<tr>
<td>K0228</td>
<td>Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
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<tr>
<td>K0230</td>
<td>Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing</td>
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<tr>
<td>K0239</td>
<td>Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
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<td>K0256</td>
<td>Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
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<tr>
<td>K0261</td>
<td>Wound filler, not elsewhere classified, gel/paste, per fluid ounce</td>
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<tr>
<td>K0262*</td>
<td>Wound filler, not elsewhere classified, dry form, per gram</td>
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</table>

* The fees for HCPCS code K0262, which were published in the March 1995 issue of the DMERC Medicare Advisory are no longer applicable. Effective immediately, this code is now an individually considered code, and subject to the documentation requirements outlined above.
HOME BLOOD GLUCOSE MONITOR POLICY

DMERC REGIONAL MEDICAL REVIEW POLICY

SUBJECT: Home Blood Glucose Monitors

HCPCS CODES:

E0607 - Home blood glucose monitor
E0609 - Blood glucose monitor with special features (eg., voice synthesizers, automatic timers, etc.)
A4244 - Alcohol or peroxide, per pint
A4245 - Alcohol wipes, per box
A4246 - Betadine or pHisohex solution, per pint
A4247 - Betadine or iodine swabs/wipes, per box
A4250 - Urine test or reagent strips or tablets (100 tablets or strips)
A4253 - Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4256 - Normal, low and high calibrator solution/chips
A4259 - Lancets, per box
A9270 - Non covered item or service
K0131 - Spring-powered device for lancet
XX002 - Blood glucose test or reagent strip for home blood glucose monitor, per 25 strips
XX003 - Platforms for home blood glucose monitor, 50 per box

HCPCS MODIFIER:
ZX - Specific requirements found in the Documentation section of the medical policy have been met and evidence of this is available in the supplier’s records.

BENEFIT CATEGORY: Durable Medical Equipment

REFERENCE: Coverage Issues Manual 60-11

DEFINITION:
Insulin-treated means that the patient is receiving insulin injections to treat their diabetes. Insulin does not exist in an oral form and therefore patients taking oral medication to treat their diabetes are not insulin-treated.

COVERAGE AND PAYMENT RULES:
Home blood glucose monitors are covered for patients who are insulin-treated diabetics and who can better control their blood glucose levels by frequently checking these levels and appropriately contacting their attending physician for advice and treatment.

A blood glucose monitor with special features is covered for patients who additionally have severe visual impairment (20/200).

Coverage of home blood glucose monitors is limited to patients meeting the following conditions:

1) The patient must be an insulin-treated diabetic;

2) The patient’s physician states that the patient is capable of being trained to use the particular device prescribed in an appropriate manner. In some cases, the patient may not be able to perform this function, but a responsible individual can be trained to use the equipment and monitor the patient to assure that the intended effect is achieved. This is permissible if the record is properly documented by the patient’s physician; and

3) The device is designed for home rather than clinical use.

Blood glucose monitors with such features as voice synthesizers, automatic timers, and specially designed arrangements of supplies and materials to enable the visually-impaired to use the equipment without assistance (E0609) are covered.
when the following conditions are met:

1) The patient and device meet the three conditions listed above for coverage of standard home blood glucose monitors; and

2) The patient's physician certifies that he or she has a visual impairment severe enough to require use of this special monitoring system.

Lancets (A4259) and blood glucose test, reagent strips (A4253) and spring powered device for lancets (K0131) are covered for patients for whom the glucose monitor is covered. More than one spring powered device (K0131) per 6 months will rarely be medically necessary. More than 100 test strips (A4253) and 100 lancets (A4259) per month will rarely be medically necessary. The need for more than these amounts should be documented in the physician's record and noted on the order kept on file by the supplier.

Alcohol or peroxide (A4244, A4245), Betadine or pHisohex (A4246, A4247) are noncovered since these items are not required for the proper functioning of the device.

Urine test reagent strips or tablets (A4250) are noncovered since they are not related to this equipment.

Glucose monitors and related supplies billed without a ZX modifier (see Documentation section) will be denied as not medically necessary.

**CODING GUIDELINES:**

Code XX002 is invalid for claim submission to the DMERC; code A4253 should be used instead.

For code A4259, 1 unit of service is 100 lancets.

Blood glucose test or reagent strips that utilize a visual reading and are not used in a glucose monitor should be coded A9270. Do not use code A4253 for these items.

**DOCUMENTATION:**

An order for the billed equipment/supplies which has been signed and dated by the ordering physician must be kept on file by the supplier. The physician's order must include a statement indicating whether the patient is a diabetic and whether the patient is being treated with insulin injections. If the order indicates that the patient is diabetic and is being treated with insulin injections, the ZX modifier should be added to the code for the monitor and each related supply on every claim submitted. The ZX modifier may only be used when these requirements are met.

In addition, the medical necessity for E0609 must be documented by a narrative statement from the physician which includes the patient's visual acuity. If the claim is filed hard copy, this could be noted in field 21 of the HCFA 1500 claim form or as a separate attachment. If the claim is filed electronically, it could be transcribed into the HAØ record.

When billing for quantities of supplies greater than those described as the usual replacement frequency (e.g., more than 100 test strips or lancets per month), the claim must include documentation supporting the medical necessity for the higher utilization. This information should be attached to a hard copy claim or entered in the HAØ record of an electronic claim.

Refer to the Documentation section of the Supplier Manual for more information on orders, medical records and supplier documentation.

**EFFECTIVE DATE:** Claims received by the DMERC on or after October 1, 1995.

**ORIGINAL PUBLICATION DATE:** September 1993

**Notes:**

- HCPCS Code Update
  - Effective for claims with dates of service on or after October 1, 1995, HCPCS Code XX002 (Blood glucose test or reagent strip for home blood glucose monitor, per 25 strips) is no longer valid for submission to the DMERC.
  - Palmetto GBA will increase the allowance to a 90 day billing cycle for glucose testing strips (A4253) and lancets (A4259).
  - Effective October 1, 1995, DMERC Certificate of Medical Necessity (CMN) 04.01 is not needed, but the ZX modifier is required.
ENTERAL POLICY

DMERC REGIONAL MEDICAL REVIEW POLICY

SUBJECT: Enteral Nutrition

HCPCS CODES:

B4034 - Enteral feeding supply kit; syringe, per day
B4035 - Enteral feeding supply kit; pump fed, per day
B4036 - Enteral feeding supply kit; gravity fed, per day
B4081 - Nasogastric tubing with stylet
B4082 - Nasogastric tubing without stylet
B4083 - Stomach tube - Levine type
B4084 - Gastrostomy/jejunostomy tubing
B4150 - Enteral formulae; category i; semi-synthetic intact protein/protein isolates (e.g., Enrich, ensure, ensure hn, ensure powder, isocal, ionalac powder, meritene, meritene powder, osmolite, osmolite hn, portagen powder, sustacal, renu, sustagen powder, travasorb) 100 calories = 1 unit
B4151 - Enteral formulae; category i: natural intact protein/protein isolates (e.g., Compleat b, vitaneed, compleat b modified) 100 calories = 1 unit
B4152 - Enteral formulae; category ii: intact protein/protein isolates (calorically dense) (e.g., Magnacal, isocal hcn, sustacal hcn, ensure plus, ensure plus hn) 100 calories = 1 unit
B4153 - Enteral formulae; category iii: hydrolized protein/amino acids (e.g., Criticare hn, vivonex t.E.N. (Total enteral nutrition), vivonex hn, vital (vital hn), travasorb hn, isotein hn, precision hn, precision isotonic) 100 calories = 1 unit
B4154 - Enteral formulae; category iv: defined formula for special metabolic need, (e.g., Hepatic-aid, travasorb hepatic, travasorb mct, travasorb renal, traum-aid, tramacal, aminaid) 100 calories = 1 unit
B4155 - Enteral formulae; category v: modular components (protein, carbohydrates, fat) (e.g., Propac, gerval protein, promix, casec, moducal, controlyte, polycose liquid or powder, sumacal, microlipids, mct oil, nutri-source) 100 calories = 1 unit
B4156 - Enteral formulae; category vi: standardized nutrients vivonex std., Travasorb std. Precision lr and tolerex) 100 calories = 1 unit note: (see j7060, j7070, j7042 for solution codes for other than parenteral nutrition therapy use)
B9000 - Enteral nutrition infusion pump - without alarm
B9002 - Enteral nutrition infusion pump - with alarm
B9998 - Noc for enteral supplies
E0776XA - IV pole
K0147 - Gastrostomy tube, silicone with sliding ring

REFERENCES: Coverage Issues Manual 65-10

BENEFIT CATEGORY: Prosthetic Device

DEFINITION:

Tube enteral nutrition is the provision of nutritional requirements to the stomach or small bowel via a tube. The tube may be inserted nasally or percutaneously through the neck or abdomen.

Nutrients: Categories of enteral nutrition are based on the composition and source of ingredients in each enteral nutrient product.

INDICATIONS:

Enteral nutrition is covered for a patient who has (a) permanent nonfunction or disease of the structures that normally permit food to reach the small bowel or (b) disease of the small bowel which impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient’s overall health status.
COVERAGE AND PAYMENT RULES:

General:

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgement of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Enteral nutrition will be denied as noncovered in situations involving temporary impairments.

The patient's condition could be either anatomic (e.g. obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g. severe dysphagia following a stroke, etc.). Enteral nutrition is noncovered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

The patient must require tube feedings to maintain weight and strength commensurate with the patient's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements. Coverage is possible for patients with partial impairments - e.g. a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption.

If the coverage requirements for enteral nutrition are met, medically necessary nutrients, administration supplies, and equipment are covered.

No more than one month's supply of enteral nutrients, equipment or supplies is allowed for one month's prospective billing. Claims submitted retroactively, however, may include multiple months.

Nutrients:

No more than one month's supply of enteral nutrients, equipment or supplies is allowed for one month's prospective billing. Claims submitted retroactively, however, may include multiple months.

Enteral formulae consisting of semi-synthetic intact protein/protein isolates (B4150) are appropriate for the majority of patients requiring enteral nutrition. Formulae consisting of natural intact protein-protein isolates, code B4151, are covered for patients with an allergy or intolerance to semi-synthetic formulae (B4150). Calorically dense formulae (B4152) are covered if they are determined to be medically necessary by the physician or nutritionist. Patient need for special enteral formulae (B4153-B4156) must be justified in each patient, with documentation supporting the medical necessity of these metabolically specialized formulae accompanying the first PEN claim (initial or revised) submitted to the DMERC. If the medical necessity for codes B4151 or B4153-B4156 is not substantiated, payment will be based on the allowance for the least costly alternative, code B4150 or B4152.

A total Calorie intake of 20 to 35 calories/kilogram/day meets the test of dependence. Any amounts outside of this range requires the nutritional health professional to supply special documentation. Baby food and other regular grocery products that can be blenderized and used with the enteral system are not covered under the prosthetics device benefit.

Covered enteral services provided by a SNF to a Part A patient are billed by the SNF to the fiscal intermediary. No payment from Part B is available to a SNF when the SNF furnishes enteral services to a beneficiary in a stay covered by Part A. Enteral nutrients are classified as food and are included as a component of the SNF's routine costs. If, in the above situation, a beneficiary is not covered by Part A, but eligible for Part B services, enteral services are covered under Part B regardless of whether they are furnished by a SNF or an outside supplier.

Equipment:

If the Medicare coverage requirements for enteral nutritional therapy are met, related administration supplies, equipment, and nutrients are also covered.

Pumps:

Enteral nutrition may be administered by syringe, gravity, or pump. Some enteral patients may experience complications associated with syringe or gravity method of administration. The attending physician or nutrition specialist must provide documentation indicating the need for a pump for enteral nutrition.

Reimbursement for enteral pumps is based on the allowable amount for the simplest model that meets the medical requirements of the patient.

Tubes:

More than three nasogastric tubes (B4081-B4083), or one gastrostomy or jejunostomy tube (B4084) every month is rarely medically necessary.
The “Initial” and all “Recertification” forms must be reviewed, signed, and dated by a physician or a nutrition health professional, and reviewed by a physician. A signed and dated CMN must be retained in the supplier’s files.

Once the “Initial” medical need for enteral nutrition is established, an updated “Recertification” form must accompany the claim after three months to document the patient’s continued need for therapy. A change in prescription for a beneficiary past the initial certification period does not restart the certification process.

A period of medical necessity ends when enteral nutrition services are not medically required for two consecutive months. The entire certification process, if required, begins after two consecutive months have elapsed.

Recertification is required at 3, 9, and 24 months of therapy. After two years, medical necessity will be determined on a case-by-case basis.

A revised certification or a change in prescription may impact on the payment levels of enteral nutrition services. A revised certification is appropriate when:

- There is a change in the orders in the category of nutrients and/or calories prescribed;
- There is a change from enteral to parenteral therapy; or
- There is a change in the method of infusion (e.g., from gravity-fed to pump-fed).

**DOCUMENTATION:**

Enteral nutrition claims must contain a physician’s or a nutrition health professional’s written Certification of Medical Necessity. The patient’s diagnosis responsible for the obstruction and functional impairment must be clearly documented on the Certification form. A diagnosis alone is not sufficient to determine coverage.

Suppliers (including those who utilize electronic media to submit CMNs) must retain a hard copy CMN. These files are subject to audit by the carrier.

Completion of the Elements of Enteral Nutrition CMN: The patient’s name, address, and HICN and the nature of the certification (i.e., initial, renewed, or revised) must be entered on all certifications by the supplier, physician, or physician’s designated employees. The supplier identifying information is required on all enteral nutrition certifications.

All medical and prescription information must be completed from the patient’s records by the attending/ordering physician or a nutrition health professional, and reviewed and signed by the physician.

- **Place of Service:** Identify the site where the patient is receiving enteral services. A patient may receive services at home, in a nursing home setting, or another site which must be indicated by the supplier or health professional.

- **Patient’s General Condition:** The attending physician or a nutrition health professional must complete information about the patient’s age, height and weight. The physician or a nutrition health professional should also indicate food allergies/sensitivities, other medical treatments, therapies, and/or medical conditions that may affect the patient’s nutritional needs.

- **Patient’s Clinical Assessment:** All the diagnoses related to the enteral therapy and a description of the patient’s functional impairment of the digestive tract that precludes the enteral patient from swallowing must be noted. The physician must certify that enteral therapy meets the requirement that a patient is not able to maintain weight and strength due to pathology or nonfunction of the ingestion system and that the enteral therapy serves as the source of nutrition for the patient who has a functioning digestive tract, but whose disability prevents ingestion of sufficient nutrients to the alimentary tract for metabolism. Nutritional supplements for patients capable of ingesting normally, even if required to maintain weight and strength, cannot be covered under the prosthetic device benefit. The physician must have a basis for certifying or recertifying the need for enteral services. The physician is expected to see the patient within 30 days prior to certifying or recertifying enteral therapy services. However, if the physician did not see the patient, he/she must have documentation on file describing what other monitoring methods were used to evaluate the patient’s enteral nutrition needs.
Patient’s Nutritional Prescription: Subsequent to an examination of the patient and/or a review of the patient’s medical information, the attending physician or a nutrition health professional must complete the patient’s nutritional requirements (prescription) to certify the enteral therapy provided.

The attending physician or a nutrition health professional must include the following information on the CMN:

- The name of the nutrient product or nutrient category,
- The number of calories per day (100 calories = 1 unit),
- The frequency per day,
- The method of administration (i.e., nasogastric tube, gastrostomy tube, jejunostomy tube, percutaneous enteral gastrostomy tube, or naso-intestinal tube), and
- The reason for the use of a pump (i.e., gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, drip rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload).

If the patient exhibits a problem with any particular formula in Nutrient Category I (HCPCS B4150) or II (HCPCS B4152), the physician must document the unfavorable events that resulted in prescribing a higher category formula. The nutrition health professional must document the medical necessity for prescribing less than 20 cals/kg/day (or 140 cals/kg/wk) or more than 35 cals/kg/day.

Attending Physician’s Signature and Identification: A handwritten, original signature and date must be on each certification. The form must be dated to show reasonable association to the dates of active enteral therapy. The full name, address, phone number (including area code), and Unique Physician Identification Number (UPIN) must be on each certification.

Enteral Nutrition Supplier’s Identification: The enteral nutrition supplier’s name, address, phone number, and supplier number must be on each certification.

A CMN for the item which has been reviewed, signed, and dated by the physician responsible for nutrition management must be kept on file by the supplier. The CMN for enteral nutrition is DMERC 10.01.

The initial claim must include a copy of the CMN if filed hard copy. If the claim is filed electronically, the information on the CMN must be transcribed exactly into the GUØ record. If additional medical necessity information is included, it must be transcribed into the HAØ record. Additional CMN information may be required in other NSF records.

EFFECTIVE DATE: Claims received by the DMERC on or after July 1, 1995.

ORIGINAL PUBLICATION DATE: September 1993
WHEELCHAIR CODING

CHART

WHEELCHAIR BASES - PRODUCT CLASSIFICATION

The DMERC medical policies for Manual Wheelchair Bases and Motorized/Power Wheelchair Bases define characteristics of the wheelchairs included in each code, K0001-K0014. In an effort to standardize the interpretation of these codes, the DMERCs in conjunction with the SADMERC have determined the appropriate code for many of the most commonly billed wheelchairs. The following product classification list identifies the correct HCPCS code to be used for specific wheelchair bases. For claims received on or after September 1, 1995, the code designations on this list must be used for all purchased wheelchairs and for rental wheelchairs in which the claim for the first month’s rental is received on or after 9/1/95. For rental wheelchairs in which the claim for the first month’s rental is received before 9/1/95, the supplier should continue to submit subsequent claims using the code initially submitted.

This list is not all-inclusive. Questions concerning the coding of items not on this list or the classification of a wheelchair on the list should be directed to the SADMERC, Palmetto Government Benefits Administrators. For wheelchairs not on the list, suppliers should use their knowledge of the wheelchair and the information in the policies to determine the correct code until a determination is published in a future DMERC bulletin or they receive a response from the SADMERC to a coding inquiry.

The appearance of a product on this list, particularly those with codes K0009 or K0014, does not guarantee coverage.

When submitting claims for wheelchair bases using codes K0005, K0008, K0009, K0013, or K0014, the supplier must list the manufacturer and model name on the claim. On hard copy claims, this information should be listed on the HCFA 1500 form or on a separate sheet attached to the claim. On electronic claims, this information should be put in the HAO record.

Some wheelchair base models can be coded using different wheelchair base codes depending on their seat dimensions. The footnotes (A)-(H) define which codes should be used. Footnotes (I) and (J) give other coding guidelines for specific wheelchair bases.

This table addresses adult wheelchair models. When pediatric wheelchair bases are provided, the miscellaneous wheelchair base codes should be used - K0009 for manual and K0014 for power.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Manual Code</th>
<th>Model Name</th>
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<tbody>
<tr>
<td><strong>ETAC</strong></td>
<td>K0004</td>
<td>Swede Basic, Swede F3</td>
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<td></td>
<td>K0005</td>
<td>Swede ACT, Swede Cross, Swede Elite</td>
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<tr>
<td><strong>EVEREST &amp; JENNINGS</strong></td>
<td>Manual Code</td>
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<td>K0001</td>
<td>Premier Classic (D), Traveler (A), Traveler L, Universal (A), Vista</td>
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<td></td>
<td>K0002</td>
<td>Traveler (B), Universal (A)</td>
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<td></td>
<td>K0003</td>
<td>EZ Lite, Lightning</td>
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<td></td>
<td>K0004</td>
<td>P 2 Plus, SPF II, Vision Millenium</td>
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<td></td>
<td>K0005</td>
<td>Vision Epic, Vision FX, Vision Nitro, Vision Record</td>
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<td>K0006</td>
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<td></td>
<td>K0007</td>
<td>Premier Classic (F)</td>
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<tr>
<td><strong>Power</strong></td>
<td>K0011</td>
<td>Magnum, MX, Sprint, Vortex</td>
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<td></td>
<td>K0012</td>
<td>Tempest, Quest</td>
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<td>K0014</td>
<td>Lancer, Xcaliber</td>
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<td>5810LFW, 5812, 5814(D), 5825(D), 5830(D), 7108, 7810(D), 8555</td>
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<td>K0002</td>
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<td>K0003</td>
<td>2058, 2811(D), 5810</td>
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<td>K0007</td>
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<td>GS-2000(A), H-1000, H-2000(A)</td>
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<td>K0002</td>
<td>GL-2000(B), GS-2000(B), H-2000(B)</td>
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<td>K0003</td>
<td>GL-2000(H)</td>
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<td>K0003</td>
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<td><strong>PERMOBIL</strong></td>
<td>K0014</td>
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<td><strong>QUICKIE</strong></td>
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<td><strong>REDMAN</strong></td>
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<td><strong>THE STANDING COMPANY</strong></td>
<td>K0009</td>
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<td><strong>WHEELCHAIRS OF KANSAS</strong></td>
<td>K0006</td>
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<td><strong>XLUFACTURING</strong></td>
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Footnotes:

(A): Use K0001 if seat height is greater than or equal to 19 inches and seat width is < 22 inches.

(B): Use K0002 if seat height is less than 19 inches and seat width is < 22 inches.

(C): Use K0006 if seat width is ≥ 22 inches.

(D): Use K0001 if seat width is < 20 inches.

(E): Use K0006 if seat width is ≥ 20 inches.

(F): Use K0007 if seat width is ≥ 20 inches.

(G): Use K0002 if seat width is < 20 inches.

(H): Use code K0003 if seat height is less than 19 inches.

(I): Code the reclining back separately using K0028.

(J): Code the power recline/tilt separately using K0108.
When a TENS unit is prescribed for chronic pain, once the physician has re-evaluated the patient after the trial period, a new (separate) CMN must be completed and submitted with the TENS purchase claim. The initial date needed on this CMN must indicate the date of the TENS purchase and should not overlap the dates of the trial period.

EXAMPLE:

A patient is prescribed a TENS unit for a trial period of two months beginning on June 1, 1995. The rental CMN should be marked initial with date needed as June 1, 1995. The estimated length of need is indicated as two months if the patient is re-evaluated by the physician on July 31, 1995, and he determines that there is medical necessity for continued use of the device, a new TENS CMN must be submitted with the TENS purchase claim. It should be marked initial and the date needed is August 1, 1995. The dates the trial of the TENS unit began and ended are June 1, 1995 to July 31, 1995. The submitted HCPCS on this CMN is E0720NU.

Note: The TENS rental(s) and purchase should not be submitted on the same HCFA-1500 (12/90) form. The rental and purchase of the TENS unit should be submitted separately.

PARAFFIN: UNIT DEFINITION

According to the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC), for the billing of Paraffin, HCPCS code A4265, one unit equals 1 pound.

PELVIC FLOOR STIMULATORS NOT ELIGIBLE FOR COVERAGE

Pelvic floor stimulators (E0740) are not covered by Medicare, according to its national policy (CIM 65-11), for the reason that the safety and effectiveness of these devices are unproven. Therefore, claims for E0740 will be will be denied as being not medically necessary.

VANCOMYCIN

The Center for Disease Control (CDC) has determined that use of vancomycin may increase the possibility of emergence of vancomycin-resistant staphylococci and enterococci. Since the presence of these organisms has a significant negative public health impact, use of vancomycin should be limited to those situations in which it is clearly necessary. In the Federal Register, Vol. 59, No. 94, page 25761, the CDC outlined appropriate and inappropriate uses of vancomycin. Of the appropriate uses listed, use of vancomycin administered through an infusion pump in the home setting would usually be limited to the following:

1. Treatment of serious infections due to beta-lactam resistant gram positive microorganisms.

2. Treatment of infections due to gram positive microorganisms in patients with serious allergy to beta-lactam antimicrobials.

The fact that the only antibacterial antimicrobial that the DMERG Regional Medical Review Policy on Infusion Pumps currently covers is vancomycin should not lead clinicians to prescribe it when other antibiotics would be more appropriate for a particular patient.
MEDICARE SECONDARY PAYER (MSP): HOW TO RESOLVE AN MSP CLAIM DENIAL

Any claims filed for Medicare Secondary Payment must include a copy of the primary insurer's Explanation of Benefits (EOB). The claim should be filed for the total charges as submitted to the primary insurer. Do not file to Medicare for deductible or coinsurance amounts only. All primary payer information must be completed in Item 11 of the HCFA-1500 (12/90) claim form.

Should you encounter an inappropriate denial for MSP reasons, adjustments will require one of the following:

1. The EOB from the primary carrier, or
2. A signed letter (on company letterhead) from the previous employer, indicating the date that coverage was cancelled.

All requests for adjustments should be sent to your Dedicated Work Team, at the address provided on page 9.2 of your Region C DMERC DMEPOS Supplier Manual.

W-9 FORMS NOT REQUIRED

W-9 forms are not required by the Durable Medical Equipment Regional Carriers (DMERCs). It is not necessary for suppliers to return their W-9 forms to Palmetto GBA. Suppliers should, however, check with their local carrier concerning requirements for W-9 form submittal.

NEBULIZER MEDICATIONS

Bronchodilator medications used with a nebulizer should be billed using the appropriate "J" HCPCS code when the drug used is a manufactured package drug. Compound drugs must be billed with HCPCS code J7699. The name and strength of the drug must be provided as well as an indication of whether or not the drug is compounded. Drugs billed with HCPCS code J7699 will be paid at the compound allowance unless otherwise noted.

Additionally, Atrovent is the manufacturer brand name and denotes provision of the manufactured 2.5 ml solution. Compound ipratropium bromide should not be billed using the description Atrovent, but rather the actual drug administered, ipratropium bromide.

COMPLEMENTARY/SUPPLEMENTAL POLICIES

The updated list of these insurers as of April, 1995 is shown below.

| Acordia Senior of the Southeast, Inc. | BCBS of Texas |
| c/o BCBS of Kentucky               | Government Employee |
| Aetna Life and Casualty Insurance  | Hospital Association |
| American Postal Workers Union      | Group Health Incorporated |
| American Republic Insurance        | Humana Health Care Plan |
| Bankers Life & Casualty            | Kirke-Van Orsdel, Inc. |
| BCBS of Alabama                    | Mutual of Omaha |
| BCBS of Arkansas                   | National Association of Letter Carriers |
| BCBS of Colorado                   | Olympic Health |
| BCBS of Florida                    | Prudential (AARP) |
| BCBS of Louisiana                  | Standard Life & Accident Ins. Co. |
| BCBS of Michigan                   | Triple-S, Inc. |
| BCBS of New Mexico                 | Union Fidelity (ASO) American General |
| BCBS of North Carolina             | United American Insurance Company |
| BCBS of Oklahoma                   | USAA Life Insurance Company |
| BCBS of South Carolina             | USAbLe Life Insurance |
**DMERC MEDICARE ADVISORY UPDATE**

- **Beneficiary Eligibility Update:** On page 94-231 of the December, 1994 issue of the *DMERC Medicare Advisory*. Due to a HCFA initiated delay, the beneficiary eligibility function will be implemented July 1, 1995, rather than on May 1, 1995.

- **DMERC Medicare Advisory Clarification:** There are two different descriptions of the new ZX modifier in the March 1995 issue of the DMERC Medicare Advisory, found on pages 95-4 and 95-26 respectively. The correct definition is listed on page 95-4, which reads as follows:

  ZX - Specific requirements found in the Documentation section of the medical policy have been met and evidence of this is available in the supplier's record.

- **DMERC Medical Policy Correction:** The policy on Continuous Positive Airway Pressure (CPAP) devices incorrectly states that CPAP is covered for Obstructed Sleep Apnea (OSA) which is diagnosed for sleep study conducted during seven hours or less. The policy should state that CPAP is covered for OSA which is diagnosed during 6-7 hours of recorded sleep.

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**MANUAL REVISION FORTHCOMING**

Palmetto GBA is in the process of completing a Region C DMERC DMEPOS Supplier Manual Revision. This revision will replace in its entirety the September 1993 issue of the Region C DMERC DMEPOS Supplier Manual. This revision will also incorporate information from all *DMERC Medicare Advisories* that have been published up to the date of the revision, with the exception of pricing information. The Region C DMERC DMEPOS Supplier Manual revision will come with instructions that reiterate this information and list specifically all materials which will be rendered obsolete.

You may begin looking for your Region C DMERC DMEPOS Supplier Manual Revision in July, 1995.

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**HELPFUL HINTS**

- When billing for a heavy duty wheelchair (HCPCS code K0006) for a patient who does not meet the weight requirement, but does suffer from severe spasticity, either answer question 12 on the CMN or provide information in the narrative record of evidence of spasticity.

- Repair claims should always include the make, model number, part number and manufacturer of the product. This information will expedite claims processing.

- High strength, lightweight wheelchairs (K0004) are reimbursable only when a seat width, height, or depth is needed which is not available on a standard wheelchair (K0001), hemi-wheelchair (K0002), or lightweight wheelchair (K0003) (along with the need for the patient to be in the wheelchair for two or more hours per day). The two pound weight difference between K0003 and K0004 is not, by itself, sufficient to warrant a K0004.

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**ADDRESS CHANGES**

In order to receive your new manual or any other published DMERC literature, the National Supplier Clearinghouse (NSC) must have your correct address. The NSC maintains your mailing address information and provides it to Palmetto GBA on an as needed basis. Therefore, Palmetto GBA cannot change your address. All changes in address, or changes in billing territory, must be processed through the (NSC). If you anticipate a change of address, please notify the NSC in writing. For your convenience, an address change form has been provided on the following page. If you have any questions, please contact the NSC at (803) 754-3951.
National Supplier Clearinghouse (NSC)
Change of Address Notification Form

If you have moved please let us know. We need your new address information to update our file to ensure your Medicare payments and information will be sent to the correct address.

This change applies to:  Street Address
                              Mailing Address
                              "Pay To" Address

NOTE: A SEPARATE FORM IS REQUIRED FOR EACH TYPE OF ADDRESS CHANGED.

PLEASE TYPE OR PRINT

Name of Physician/Supplier

Previous Address

City, State, Zip

New Address

City, State, Zip

Tax ID #

Supplier #

I certify that I have examined the above information and that it is true, accurate and complete. I understand that any misrepresentation or concealment of material information may subject me to liability under civil and criminal laws.

Name of Authorized Representative (Typed):

Title:

Signature:

Date:

Please return this form to:

National Supplier Clearinghouse
P.O. Box 169142
Columbia, SC 29201-1422
Telephone: 803-774-3851
HOW TO ORDER EXTRA
REGION C DMERC
DMEPOS SUPPLIER
MANUALS

Anyone who has a National Supplier Clearinghouse (NSC) supplier number will automatically receive a manual from Palmetto GBA. You will be sent your manual about 6 - 8 weeks after the initial receipt of your NSC supplier number notice from the NSC. If you would like additional copies of the manual for your office, you may order them from the Palmetto GBA Professional Relations staff using the order form below. When subscribing for another copy of the manual you are also guaranteed to receive an extra copy of all the material Palmetto GBA publishes for that year. The cost for each additional manual subscription is $40.00.

Please do not send cash to Palmetto GBA. Send a check or money order for $40.00 payable to Palmetto GBA to the address shown on the form below.

If you have any questions about ordering a Region C DMERC DMEPOS Supplier Manual or past issues of the DMERC Medicare Advisories, please contact the Dedicated Work Teams at (803) 691-4300.

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To Order Additional Copies of the DMEPOS Supplier Manual

Send this completed order form along with your payment to the address listed below.

Date __________________________

NSC Supplier ID Number __________________________________________

Name of Supplier ________________________________________________

Mailing Address __________________________________________________

City ____________________ State ______________ Zip Code _____________

Number Requested ________ Amount Enclosed $ ____________________

Please make checks payable to: Palmetto Government Benefits Administrators DMEPOS Supplier Manual P.O. Box 100141 Columbia, SC 29202-3141
HCPCS CODE JURISDICTION CHART

HCFA has clarified which carrier has jurisdiction over items/services according to their HCFA Common Procedure Coding System (HCPCS) codes. The following chart should enable you to determine whether claims are to be submitted to your local carrier or to your DMERC.

This chart replaces all previously published copies of this information.

<table>
<thead>
<tr>
<th>1994 HCPCS</th>
<th>DESCRIPTION</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0010 - A0099</td>
<td>Ambulance Services</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A2000</td>
<td>Chiropractic</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A190 - A4209</td>
<td>Medical, Surgical, and Self-Administered Injection Supplies</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4210</td>
<td>Needle Free Injection Device</td>
<td>Non-covered item -- DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4211 - A4250</td>
<td>Medical, Surgical, and Self-Administered Injection Supplies</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4253 - A4259</td>
<td>Blood Glucose Test; Lancets; Calibrator Solution</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4260</td>
<td>Levonorgestrel Implant</td>
<td>Non-covered item -- Local Carrier</td>
</tr>
<tr>
<td>A4262 - A4263</td>
<td>Lacrimal Duct Implants</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A4265</td>
<td>Paraffin</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4270</td>
<td>Endoscope Sheath</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A4300</td>
<td>Implantable Catheter</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A4305 - A4306</td>
<td>Disposable Drug Delivery System</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4310 - A4335</td>
<td>Incontinence Supplies/Urinary Supplies</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
</tr>
<tr>
<td>A4338</td>
<td>Indwelling Catheter, Foley Type</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<tr>
<td>A4340</td>
<td>Indwelling Catheter, Specialty Type</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<tr>
<td>A4344 - A4346</td>
<td>Indwelling Catheter, Foley Type</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<tr>
<td>A4347 - A4359</td>
<td>Incontinence/Urinary Supplies</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<tr>
<td>A4361 - A4421</td>
<td>Ostomy Supplies</td>
<td>If provided in the physician’s office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician’s office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<td>1994 HCPCS</td>
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<td>A4454 - A4455</td>
<td>Tape; Adhesive Remover</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<td>A4460</td>
<td>Elastic Bandage</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<tr>
<td>A4465</td>
<td>Non-elastic Binder for Extremity</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>A4470</td>
<td>Gravlee Jet Washer</td>
<td>Local Carrier</td>
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<tr>
<td>A4480</td>
<td>Vabra Aspirator</td>
<td>Local Carrier</td>
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<tr>
<td>A4490 - A4510</td>
<td>Surgical Stockings</td>
<td>Non-covered item -- DME REGIONAL Carrier</td>
</tr>
<tr>
<td>A4550</td>
<td>Surgical Trays</td>
<td>Local Carrier</td>
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<tr>
<td>A4554</td>
<td>Disposable Underpads</td>
<td>Non-covered item -- DME REGIONAL Carrier</td>
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<tr>
<td>A4556 - A4558</td>
<td>Electrodes; Lead Wires; Conductive paste</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<tr>
<td>A4560 - A4572</td>
<td>Pessary; Sling; Splint; Rib Belt</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>A4580 - A4590</td>
<td>Casting Supplies &amp; Material</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A4610</td>
<td>Medication Supplies for DME</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>A4611 - A4613</td>
<td>Oxygen Equipment Batteries and Supplies</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>A4615 - A4627</td>
<td>Oxygen Supplies</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<tr>
<td>A4630 - A4640</td>
<td>Durable Medical Equipment Supplies</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>A4641 - A4646</td>
<td>Imaging Agent; Contrast Material</td>
<td>Local Carrier</td>
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<tr>
<td>A4647</td>
<td>Contrast Material</td>
<td>Local Carrier</td>
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<tr>
<td>A4649</td>
<td>Miscellaneous Surgical Supplies</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<td>A4650 - A4705</td>
<td>Supplies for ESRD</td>
<td>DME REGIONAL Carrier</td>
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<td>A4712</td>
<td>Water, Sterile</td>
<td>Local Carrier if incident to a physician's service (not separately payable). If other, DME REGIONAL Carrier</td>
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<td>A4714 - A4927</td>
<td>Supplies for ESRD</td>
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<tr>
<td>A5051 - A5093</td>
<td>Additional Ostomy Supplies</td>
<td>If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<tr>
<td>A5102 - A5149</td>
<td>Additional Incontinence &amp; Ostomy Supplies</td>
<td>If provided in the physician's office for a temporary condition, the item is incident to the physician's service and billed to the Local Carrier. If provided in the physician's office or other place of service for a permanent condition, the item is a prosthetic device and billed to the DME REGIONAL Carrier.</td>
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<td>A5500 - A5507</td>
<td>For Diabetics, Molded Shoe</td>
<td>DME REGIONAL Carrier</td>
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<td>A9150</td>
<td>Non-Prescription Drugs</td>
<td>Local Carrier</td>
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<td>Administrative, Miscellaneous, and Investigational</td>
<td>Non-Covered Item -- Local Carrier</td>
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<tr>
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<tr>
<td>A9300</td>
<td>Exercise Equipment</td>
<td>Non-covered item -- DME REGIONAL Carrier</td>
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**HCPCS CODE JURISDICTION CHART (Cont'd)**

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<tr>
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<td>B4034 - B9999</td>
<td>Enteral and Parenteral Therapy</td>
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<tr>
<td>D0110 - D9999</td>
<td>Dental Procedures</td>
<td>Local Carrier</td>
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<tr>
<td>E0100 - E0105</td>
<td>Canes</td>
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<td>E0110 - E0116</td>
<td>Crutches</td>
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<td>E0130 - E0158</td>
<td>Walkers</td>
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<td>E0160 - E0179</td>
<td>Commodes</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0180 - E0239</td>
<td>Decubitus Care Equipment</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0241 - E0246</td>
<td>Bath and Toilet Aids</td>
<td>Non-covered item -- DME REGIONAL Carrier</td>
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<tr>
<td>E0249</td>
<td>Pad for Heating Unit</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0250 - E0297</td>
<td>Hospital Beds</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0305 - E0326</td>
<td>Hospital Bed Accessories</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0350</td>
<td>Control Unit/Electronic Bowel Irrigation</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0351 - E0352</td>
<td>Disposable Collection Bag/Box for use with Electronic Bowel Irrigation System</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0424 - E0480</td>
<td>Oxygen and Related Respiratory Equipment</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0500</td>
<td>IPPB Machine</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0550 - E0585</td>
<td>Compressors</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0600 - E0606</td>
<td>Suction Pump/Room Vaporizers</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0607 - E0609</td>
<td>Monitoring Equipment</td>
<td>DME REGIONAL Carrier</td>
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<td>E0610 - E0615</td>
<td>Pacemaker Monitor</td>
<td>DME REGIONAL Carrier</td>
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<td>E0621 - E0635</td>
<td>Patient Lifts</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0669 - E0670</td>
<td>Pneumatic Compressor and Appliances</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0671 - E0673</td>
<td>Segmental Gradient Pressure Pneumatic Appliance</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0690</td>
<td>Ultraviolet Cabinet</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0700</td>
<td>Safety Equipment</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0710</td>
<td>Restraints</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0720 - E0749</td>
<td>Electrical Nerve Stimulators</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0750</td>
<td>Implantable Nerve Stimulator</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>E0755 - E0776</td>
<td>Stimulator; Pole</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0781</td>
<td>Ambulatory Infusion Pump</td>
<td>Billable to both the local carrier and the Regional Carrier. This item may be billed to the Regional Carrier whenever the infusion is initiated in the physician's office but the patient does not return during the same business day.</td>
</tr>
<tr>
<td>E0782</td>
<td>Infusion Pump, Implantable</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>E0791</td>
<td>Parenteral Infusion Pump</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E0840 - E0900</td>
<td>Traction Equipment</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>E0910 - E0948</td>
<td>Trapeze Equipment</td>
<td>DME REGIONAL Carrier</td>
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<th>JURISDICTION</th>
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<td>E0950 - E01298</td>
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<td>DME REGIONAL Carrier</td>
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<tr>
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<td>Whirlpool Equipment</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E1353 - E1406</td>
<td>Additional Oxygen Related Equipment</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>E01510 - E1702</td>
<td>Artificial Kidney Machines and Accessories</td>
<td>DME REGIONAL Carrier</td>
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<tr>
<td>J0110</td>
<td>Administration of Injection</td>
<td>Local Carrier</td>
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<tr>
<td>J0120 - J015</td>
<td>Injection</td>
<td>Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier</td>
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<tr>
<td>J07010 - J07190</td>
<td>Miscellaneous Drugs and Solutions</td>
<td>Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier</td>
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<tr>
<td>J07190 - J07192</td>
<td>Factor VIII</td>
<td>Local Carrier</td>
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<tr>
<td>J07196</td>
<td>Factor IX</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>J07198</td>
<td>Other Hemophilia Clotting Factors</td>
<td>Local Carrier</td>
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<tr>
<td>J07197</td>
<td>Antithrombin III</td>
<td>Local Carrier</td>
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<tr>
<td>J07500 - J07506</td>
<td>Imunosuppressiv e Drugs</td>
<td>Local Carrier if incident to a physician's service.</td>
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<td>J07610 - J07699</td>
<td>Inhalation Solutions</td>
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<td>NOC, Other than Inhalation Drugs through DME</td>
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<td>J09999</td>
<td>Not Otherwise Classified Drug</td>
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<td>K0001 - K0109</td>
<td>Wheelchairs</td>
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<td>K0110 - K0111</td>
<td>Infusion Pump Supplies</td>
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<td>K0112 - K0117</td>
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<td>K0147</td>
<td>External Nutrition Supply</td>
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<td>K0162 - K0224</td>
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<td>K0228 - K02280</td>
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<td>K0234 - K0286</td>
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<tr>
<td>K0257</td>
<td>Battery, Home Blood Glucose Monitor</td>
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<td>K0268</td>
<td>Humidifier with CPAP</td>
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<td>K0277 - K0278</td>
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<td>K0280</td>
<td>Drainage Tubing</td>
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<td>Orthotic Procedures</td>
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<td>L5000 - L5999</td>
<td>Lower Limb</td>
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<td>L6000 - L6370</td>
<td>Upper Limb</td>
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<td>Upper Limb – Immediate &amp; Early Post Surgical Procedures</td>
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<td>L6400 - L8499</td>
<td>Prosthetic Procedures</td>
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<td>L8500 - L8501</td>
<td>Artificial Larynx, Tracheostomy Speaking Valve</td>
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<td>L8600 - L8690</td>
<td>Prosthetic Implants</td>
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<td>Sales Tax – P &amp; O</td>
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<td>M0005 - M0900</td>
<td>Medical Services</td>
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<td>Q0034 - Q0035</td>
<td>Influenza Vaccine; Cardiokymography</td>
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<td>Physical Therapy Evaluation/ Treatment</td>
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<td>Smear Preparation</td>
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<td>Portable X-Ray Setup</td>
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<td>Q0103 - Q0104</td>
<td>Physical Therapy</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>Q0109 - Q0110</td>
<td>Occupational Therapy</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>Q1111 - Q0116</td>
<td>Miscellaneous Lab Services</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>Q0124</td>
<td>Administration of Vaccine</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>Q0132</td>
<td>Dispensing Fee - Inhalant Drug by Licensed Pharmacist</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>Q0920 - Q9940</td>
<td>Injection of Epoetin Alpha (EPO)</td>
<td>DME REGIONAL Carrier when Self-administered and used for method II dialysis, otherwise Local Carrier</td>
</tr>
<tr>
<td>R0070 - R0076</td>
<td>Diagnostic Radiology Services</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>V2020 - V2025</td>
<td>Frames</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V2100 - V2615</td>
<td>Lenses</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V2623 - V2629</td>
<td>Prosthetic Eye</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V2630 - V2632</td>
<td>Intracocular Lens</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>V2700 - V2780</td>
<td>Miscellaneous Vision Service</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V2785</td>
<td>Processing - Corneal Tissue</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>V2799</td>
<td>Misc. Vision Service</td>
<td>DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V6008 - V5299</td>
<td>Hearing Services</td>
<td>Local Carrier</td>
</tr>
<tr>
<td>V6336</td>
<td>Repair/Modification of Augmentative Communicative System or Device</td>
<td>Non-covered item – DME REGIONAL Carrier</td>
</tr>
<tr>
<td>V5362 - V5364</td>
<td>Speech Screening</td>
<td>Local Carrier</td>
</tr>
</tbody>
</table>
Electronic submitters will be interested in one of Palmetto GBA’s newest offerings from the Electronic Data Interchange (EDI) department. The Bulletin Board System (BBS) contains a library of Medicare information such as Advisories, Supplier Manuals, procedure codes, diagnosis codes and fee schedules. The BBS can even be used to transmit Medicare claims and to retrieve claim reports. To take advantage of the BBS, you must be an electronic biller. Call the Help Line at (803) 788-9751 for more information.

Electronic Funds Transfer (EFT), the direct deposit of your Medicare payments, is operational for all electronic billers. The only requirements are to submit 90% of your claims electronically and to receive electronic instead of paper remittances. Your payment dollars will be available in your account within 48 working hours of your remittance check date. Call the Help Line for enrollment forms at (803) 788-9751.

A helpful function has recently been added to Claims Status Inquiry (CSI). Electronic billers can now view a Crossover Status Inquiry screen which displays a six-month history of claims that have been crossed over to secondary insurers for a particular beneficiary. With ongoing suppliers’ questions regarding Medicaid and Medigap crossover, this is a CSI feature that Palmetto GBA expects to be very popular. For more details, contact the Help Line at (803) 788-9751.

Note: Palmetto GBA cannot process incomplete order forms! Please be sure to forward a check if indicated, and to fill out all of the required information such as supplier and telephone numbers, modem information, etc.

Forget the Mail, Forget the Fax, Forget the Phone...For your EDI questions, simply send us an E-Mail via our new Internet address. Please be sure to include all pertinent information such as provider (supplier) number and submitter I.D. You can E-Mail the EDI Department at:

MEDICARE-EDI@BCBSSC.E-MAIL.COM

All four Durable Medical Equipment Regional Carrier (DMERC) EDI departments have noticed that many suppliers who file the majority of their claims electronically to one region continue to file their out-of-region claims by paper. This is not necessary! When submitting your claims electronically, each DMERC will forward your out-of-region claims to the appropriate DMERC, based on the state code indicating the beneficiary’s home state. If you wish, you may submit claims to any DMERC electronically using your one submitter ID number. To do this, you must establish electronic connectivity with each DMERC by contacting them at the numbers indicated below.

<table>
<thead>
<tr>
<th>Region</th>
<th>Submitting Entity</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>DMERC EMC Unit</td>
<td>(717) 735-9530</td>
</tr>
<tr>
<td>B</td>
<td>AdminaStar EDI</td>
<td>(800) 952-2068</td>
</tr>
<tr>
<td>C</td>
<td>Medicare EDI Help Line</td>
<td>(803) 788-9751</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask to be logged to &quot;525F&quot;</td>
</tr>
<tr>
<td>D</td>
<td>Cigna DMERC</td>
<td>(208) 342-4440</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Select &quot;EMC&quot; option</td>
</tr>
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</table>
SUMMER WORKSHOP NOTICE
CMN REVISION

Palmetto GBA is sponsoring a series of full day workshops throughout the South and Southwest Regions from August 1, 1995 through September 29, 1995. The agenda for these workshops will include CMN Revisions and Medical Policy Updates. All suppliers who offer DME and supplies which require a CMN, are encouraged to attend. Medical Policy Revisions and/or changes that will be addressed include:

- Urological Supplies
- Enteral Nutrition
- Surgical Dressings
- Home Blood Glucose Monitors & Supplies

These revisions and/or changes will result in few, if any, billing changes for vision or prosthetic and orthotic suppliers.

To Register: Please return a completed registration form along with payment two weeks in advance of the workshop you wish to attend. The registration form can be found on the following page and photocopied as often as necessary. The fee is $30.00 per person. If your completed registration is received two weeks prior to your workshop, a confirmation card will be sent to you. Please do not call to verify your registration. Cash at the door is unacceptable. Please complete the registration form and return it, along with payment, to the new return address on the registration form.

Workshop sessions will be from 9:00 a.m. - 12:00 noon and continue from 1:30 p.m. - 4:00 p.m. There will be a one hour break for lunch on your own.

Each individual attending a workshop can expect to receive workshop materials, as well as complementary coffee, tea and assorted sodas. The ombudsmen staff will conduct each full day workshop and will be available to answer your questions.

NOTE: Specific resolution of individual claim denials will not be possible due to our inability to gain access to our processing system in meeting room facilities.

Lunch will not be provided and parking will not be validated. Invitations will not be mailed separately.

<table>
<thead>
<tr>
<th>DATE</th>
<th>CITY/STATE</th>
<th>SPECIALTY WORKSHOP LOCATIONS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug. 1</td>
<td>Wilmington, NC</td>
<td>Hilton, 301 N. Water St., 28401</td>
<td>(910) 763-5900</td>
</tr>
<tr>
<td>Aug. 4</td>
<td>Charleston, SC</td>
<td>Omni, 130 Market St., 29401</td>
<td>(803) 722-4900</td>
</tr>
<tr>
<td>Aug. 7</td>
<td>Columbia, SC</td>
<td>Embassy Suites Hotel, 200 Stoneridge Drive, 29210</td>
<td>(803) 252-8700</td>
</tr>
<tr>
<td>Aug. 9</td>
<td>Greenville, SC</td>
<td>Hyatt, 220 North Main Street, 29601</td>
<td>(803) 235-1234</td>
</tr>
<tr>
<td>Aug. 11</td>
<td>Winston-Salem, NC</td>
<td>Radisson Marque, 460 N. Cherry St., 27101</td>
<td>(910) 725-1234</td>
</tr>
<tr>
<td>Aug. 14</td>
<td>Atlanta, GA</td>
<td>Westin Peachtree, 210 Peachtree St. NW, 30303</td>
<td>(404) 659-1400</td>
</tr>
<tr>
<td>Aug. 15</td>
<td>Atlanta, GA</td>
<td>Westin Peachtree, 210 Peachtree St. NW, 30303</td>
<td>(404) 659-1400</td>
</tr>
<tr>
<td>Aug. 14</td>
<td>San Antonio, TX</td>
<td>Plaza San Antonio Hotel, 555 S. Alamo St., 78205</td>
<td>(210) 299-1000</td>
</tr>
<tr>
<td>Aug. 15</td>
<td>San Antonio, TX</td>
<td>Plaza San Antonio Hotel, 555 S. Alamo St., 78205</td>
<td>(210) 299-1000</td>
</tr>
<tr>
<td>Aug. 17</td>
<td>Savannah, GA</td>
<td>Hyatt Regency, 2 West Bay St., 31401</td>
<td>(912) 238-1234</td>
</tr>
<tr>
<td>Aug. 17</td>
<td>Birmingham, AL</td>
<td>Sheraton Civic Center, 2101 Civic Center Blvd., 35203</td>
<td>(205) 324-5000</td>
</tr>
<tr>
<td>Aug. 21</td>
<td>Jacksonville, FL</td>
<td>Omni, 245 Water St., 32202</td>
<td>(904) 355-6664</td>
</tr>
<tr>
<td>Aug. 21</td>
<td>Shreveport, LA</td>
<td>Holiday Inn Downtown, 102 Lake St., 71101</td>
<td>(318) 222-7717</td>
</tr>
<tr>
<td>Aug. 22</td>
<td>Orlando, FL</td>
<td>Sheraton Plaza, 1500 Sand Lake Road, 32809</td>
<td>(407) 859-1500</td>
</tr>
<tr>
<td>Aug. 23</td>
<td>Orlando, FL</td>
<td>Sheraton Plaza, 1500 Sand Lake Road, 32809</td>
<td>(407) 859-1500</td>
</tr>
<tr>
<td>Aug. 23</td>
<td>Little Rock, AR</td>
<td>Robinson Convention Center, #7 State House Plaza, 72201</td>
<td>(501) 376-4781</td>
</tr>
<tr>
<td>Aug. 25</td>
<td>San Juan, PR</td>
<td>Radisson Normandie, Munoz Rivera Ave., 00901</td>
<td>(809) 729-2929</td>
</tr>
<tr>
<td>Aug. 25</td>
<td>Louisville, KY</td>
<td>Marriott East, 1903 Embassy Square Blvd., 40299</td>
<td>(502) 499-6220</td>
</tr>
<tr>
<td>Aug. 28</td>
<td>New Orleans, LA</td>
<td>Doubletree Hotel, 300 Canal St., 70130</td>
<td>(504) 581-1300</td>
</tr>
<tr>
<td>Aug. 28</td>
<td>Grand Junction, CO</td>
<td>Hilton, 743 Horizon Drive, 81506</td>
<td>(303) 241-8888</td>
</tr>
<tr>
<td>Aug. 30</td>
<td>Mobile, AL</td>
<td>Ramada Conference Ctr., 600 S. Beltline Hwy., 36608</td>
<td>(205) 344-8030</td>
</tr>
<tr>
<td>Aug. 31</td>
<td>Denver, CO</td>
<td>Hyatt Regency Denver, 1750 Welton St. at 17th St., 80202</td>
<td>(303) 295-1234</td>
</tr>
</tbody>
</table>

September 1995

| Sept. 1 | Denver, CO | Hyatt Regency Denver, 1750 Welton St. at 17th St., 80202 | (303) 295-1234 |
| Sept. 6 | Jackson, MS | Harvey Hotel, 200 East Amite St., 39201 | (601) 969-5100 |
| Sept. 6 | Oklahoma City, OK | Medallion Hotel, One North Broadway, 73102 | (405) 253-2780 |
| Sept. 8 | Tulsa, OK | Radisson Inn - Tulsa Airport, 2201 N. 77th East Ave., 74115 | (918) 835-9911 |
| Sept. 8 | Lexington, KY | Hyatt Regency, 400 W. Vine St., 40507 | (606) 253-1234 |
| Sept. 11 | Lubbock, TX | Holiday Inn Lubbock Plaza, 3201 South Loop 289, 79423 | (806) 797-3241 |
| Sept. 13 | Albuquerque, NM | Albuquerque Marriott Hotel, 2101 Louisiana Blvd., 87110 | (505) 881-6800 |
| Sept. 15 | El Paso, TX | Camino Real Paso Del Norte, 101 S. El Paso St., 79901 | (915) 534-3000 |
| Sept. 18 | Knoxville, TN | Radisson Summit Hill, 401 Summit Hill Drive, 37902 | (615) 522-2600 |
| Sept. 20 | Ft. Lauderdale, FL | Sheraton at Ft. Laud. Airport, 1825 Griffin Rd., (Dania, FL), 33304 | (305) 920-3500 |
| Sept. 21 | Ft. Lauderdale, FL | Sheraton at Ft. Laud. Airport, 1825 Griffin Rd., (Dania, FL), 33304 | (305) 920-3500 |
| Sept. 21 | Nashville, TN | Regal Maxim, 2025 Metro Center Blvd., 37228 | (615) 259-4343 |
| Sept. 22 | Nashville, TN | Regal Maxim, 2025 Metro Center Blvd., 37228 | (615) 259-4343 |
| Sept. 25 | Memphis, TN | Adams Mark, 939 Ridge Lake Blvd., 38120 | (901) 684-6664 |
| Sept. 25 | Dallas (Irving), TX | Harvey Hotel DFW Airport, 4545 W. John Carpenter Fwy, 75063 | (214) 929-4500 |
| Sept. 26 | Dallas (Irving), TX | Harvey Hotel DFW Airport, 4545 W. John Carpenter Fwy, 75063 | (214) 929-4500 |
| Sept. 28 | Houston, TX | Wyndham Greenspoint, 12400 Greenspoint Dr., 77060 | (713) 875-2222 |
| Sept. 29 | Houston, TX | Wyndham Greenspoint, 12400 Greenspoint Dr., 77060 | (713) 875-2222 |
CMN REVISION
SUMMER WORKSHOP REGISTRATION FORM

Due in advance of your selected workshop with your nonrefundable payment

Supplier Name: _______________________________________________ Supplier No.: __________________________

Supplier Address: _______________________________________________

Name(s) of people attending: ___________________________________________

Phone Number: (________) _______________________________ Contact Person: __________________________

Select the date and city you wish to attend from the workshop listing on the previous page:

Date: __________________________

City: __________________________

Payment Information:

Number of people attending the workshop

$30.00 (per person)

Total Amount Due/Enclosed

Please make checks payable to Palmetto GBA Workshops.

Checks must be received by the Palmetto GBA office before the workshop begins. Payment will not be accepted at the door on the day of the workshop. All registration fees are nonrefundable.

Please Note Our New Address For Workshop Registration

Return This Form and Payment To:

Palmetto GBA Workshops
P.O. Box 25163
Columbia, SC  29224

OR

Use our Fed Ex address:
Palmetto GBA Workshops
300 Arbor Lake Drive, Suite 1300
Columbia, SC  29223
As part of our continuing efforts to meet your educational needs, Palmetto GBA is pleased to announce four new ombudsmen. The newest members of our staff are profiled below. This change has resulted in the realignment of territories for some of our present staff. Effective immediately, the territory of Florida has been realigned. The territory of northern Florida now includes Orlando and Tampa. These cities will be handled by ombudsman Keith Smith. The remainder of southern Florida will continue to be handled by ombudsman Alison Santoro. See page 95-55 of this advisory for a full illustration of Palmetto GBA ombudsmen and their territories.

**Wanda L. Mosley**

Wanda Mosley is the new ombudsman for Arkansas and Oklahoma. She assumes her new ombudsman position with experience in Medicare DMEPOS guidelines and claim processing. Prior to being an ombudsman for Palmetto GBA, Wanda was a Dedicated Work Team Associate with Palmetto GBA. As an Associate, she was responsible for handling Region C supplier phone calls, inquiries and claims. Before joining Palmetto GBA Wanda spent two years as an Information Specialist, working for the Lieutenant Governor’s Office in Columbia, South Carolina. In this capacity Wanda served as a liaison between private citizens and the Governor’s Office, focusing on problem resolution. Previous to this position, Wanda worked as a Benefits Analyst for four years, where she researched and analyzed assigned and nonassigned medical claims for payment. She has a Bachelor of Science degree in Biology from the University of South Carolina. Already versed in Medicare guidelines and experienced in DMEPOS claim processing, Wanda looks forward to taking her knowledge into the field to support Region C DMEPOS suppliers. After her Palmetto GBA ombudsman orientation and training, Wanda will be relocating to Oklahoma.

**Teresa L. Camfield**

Teresa Camfield is the new ombudsman for Kentucky. She brings valuable experience to Palmetto GBA. For the past seven years, Teresa has been the Accounts Receivable Manager for a Kentucky-based DMEPOS supplier. In this position, Teresa was responsible for handling problem resolution, including claim reviews, hearing requests and precertifications. Functioning in this capacity, Teresa became knowledgeable regarding Medicare guidelines and coverage issues, Medicaid and billing procedures. Her responsibilities grew to include Medicare in-services and training seminars. As the Accounts Receivable Manager, Teresa also served on a Supplier Advisory Committee (SAC) for Palmetto GBA. Prior to this position, Teresa spent three years in a Home Health agency. She was responsible for ICD-9 coding for all home health plans of treatment, billing and chart review requests received from Medicare. Before her position in Home Health, Teresa was a certified nursing assistant for five years, where she gained experience in general patient care. She has completed two years at Murray State University toward her Bachelor’s Degree in nursing. After a few months of intense Palmetto GBA training, Teresa looks forward to returning to her home town of Murray, Kentucky to service Kentucky DMEPOS suppliers.
Cris Taylor is the new ombudsman for Colorado and New Mexico. Cris joins Palmetto GBA with valuable experience as a client-contractor liaison and has a background working for oxygen and durable medical equipment companies. Prior to accepting the ombudsman position, Cris was a Regional Marketing Director, and handled the recruitment of physical and occupational therapists for a medical staff contracting company. He was responsible for negotiating contracts for the therapists acting as the liaison between each therapist and contracting facility. Prior to this position, Cris worked for an Oxygen/DME company where he directed the sales and marketing of oxygen and durable medical equipment. He directed insurance carrier transition and managed the electronic billing program. Prior to joining this Oxygen/DME company, Cris was the service manager of an oxygen equipment company. He was responsible for oxygen and therapy equipment delivery and managing home oxygen patient equipment service. He has a Bachelor of Business Administration from Oklahoma Baptist University. Familiar with Medicare procedures from a supplier perspective, Cris is anxious to put his skills to work as the liaison between DMEPOS suppliers and Palmetto GBA.

M. Elaine Hensley

Elaine Hensley is the new ombudsman for Alabama. After completing several months of intense Palmetto GBA training, Elaine will be relocating to Alabama to assume her new responsibilities. Prior to taking her position with Palmetto GBA, Elaine worked for a DMEPOS supplier company for six years. Having started with the company in 1989 as a Customer Service Representative, Elaine worked her way up the corporate ladder. Along the way she held the positions of Branch Manager and Certificate of Medical Necessity Coordinator, ultimately attaining the position of Billing Manager. Elaine’s successes provided experience in accounts receivable, company billing and customer relations. She also conducted in-services which included training on Medicare policies and guidelines. As the CMN Coordinator she was responsible for sending, receiving, reviewing and logging all DMERC CMNs and prior authorizations. When she became the Billing Manager, Elaine administered and was ultimately responsible for the daily operations of the billing department. She has a Bachelor of Arts degree in English from Eastern Kentucky University. Elaine looks forward to using her experience to better serve Palmetto GBA suppliers in Alabama.
*Ombudsmen Addresses and Their Territories

Claudia Amortegui
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35714

Sharon Briggman
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034, Ext. 35760

Teresa Camfield
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35787

Elaine Hensley
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034, Ext. 35745

Wanda Mosley
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35788

Alison Santoro
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034, Ext. 35715

Bobby Smith
P.O. Box 9225
Jackson, MS 39286
(601) 366-4983

Keith Smith
10991-55 San Jose Blvd.
Suite 139
Jacksonville, FL 32223
(904) 287-6860

Cris Taylor
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35789

Vince Temples
P.O. Box 767337
Roswell, GA 30076
(404) 663-7644

Sheri Thompson
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35726

To Be Announced
In the interim, contact Sheri Thompson
P.O. Box 100141
Columbia, SC 29202-3141
(803) 735-1034 Ext. 35726

* Ombudsmen are those who investigate reported complaints, reports findings, and help to achieve equitable settlements, through training and education of the supplier community.
FRAUD ALERT: OXYGEN TESTING AND BILLING

It has been brought to our attention that some oxygen suppliers and laboratories may be using questionable and/or fraudulent tactics in: (1) reporting test results to physicians, and (2) violating Medicare guidelines with respect to certifying patients' needs for oxygen.

Initial claims for oxygen therapy must include the results of a blood gas study that has been ordered and the results evaluated by the physician.

In order for Medicare to reimburse for oxygen therapy, a physician must order the oxygen. Physicians are also required to complete and sign a Certificate of Medical Necessity (CMN), which is the HCFA-484 form for oxygen supplies. By signing, the physician is acknowledging that the information on the CMN is correct and true. For the physician's own protection, a personal review of test results should always be done.

It is recommended that physicians closely examine lab tests not only to verify needs based upon these tests, but to also ensure retention of appropriate documentation in the patient's/physician's files.

SUPPLIER SATISFACTION SURVEY RESULTS

In 1994, Palmetto GBA commissioned Scarlett Associates, Inc., a firm with over thirty (30) years of survey experience, to conduct a Supplier Satisfaction survey. This survey was conducted to measure supplier satisfaction with Palmetto GBA as your DMERC and, ultimately, to improve the services you receive from us. Responses were received from 35% of the population surveyed. Overall, 67% of the respondents rated our performance favorably. When asked to rate our performance compared to other payers, 49% responded that our service was better.

Scarlett evaluated your responses in four ways: overall satisfaction, attribute, supplier location and position of the respondent. This breakdown helps us determine service needs for specific segments or geographic areas, and identifies areas that need improvement. Scarlett also determined from your responses that the following attributes are important when determining your assessment of our performance:

♦ staff knowledge
♦ timeliness
♦ clarity of responses
♦ accuracy of responses

Responses were received from suppliers in all 14 states and the territory of Puerto Rico, as well as from owners, managers and company staff members. Suppliers submitting claims electronically responded more favorably than suppliers who file paper claims.

Your responses will be used in a variety of efforts toward improving our service, and subsequent satisfaction surveys will be conducted to monitor our progress.

We would like to extend our sincere appreciation to those of you who participated in the survey.
**ORAL ANTICANCER DRUGS**

Effective immediately, the following Oral Anticancer Drugs meet the requirements for Medicare coverage. Use the following National Drug Code (NDC) numbers to bill for these drugs. Unlike other drugs billable to the DMERC, these Oral Anticancer drugs are not submitted with HCPCS codes. The following Oral Anticancer drug list replaces all previously published Palmetto GBA Oral Anticancer drug lists.

### Drug: Methotrexate, Tablet (Generic)

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>How Supplied</th>
<th>Package Size</th>
<th>National Drug Code (NDC)</th>
<th>Allowance Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligen</td>
<td>2.5 mg/Oral</td>
<td>36</td>
<td>00405-4643-36</td>
<td>$2.92</td>
</tr>
<tr>
<td>Aligen</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00405-4643-01</td>
<td>$2.92</td>
</tr>
<tr>
<td>Rugby</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00536-3998-01</td>
<td>$2.92</td>
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<tr>
<td>Rugby</td>
<td>2.5 mg/Oral</td>
<td>36</td>
<td>00536-3998-36</td>
<td>$2.92</td>
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<tr>
<td>Barr</td>
<td>2.5 mg/Oral</td>
<td>36</td>
<td>00555-0572-35</td>
<td>$2.92</td>
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<tr>
<td>Barr</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00555-0572-02</td>
<td>$2.92</td>
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<tr>
<td>Geneva</td>
<td>2.5 mg/Oral</td>
<td>36</td>
<td>00781-1076-36</td>
<td>$2.92</td>
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<tr>
<td>Geneva</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00781-1076-01</td>
<td>$2.92</td>
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<tr>
<td>Goldline</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00182-1539-01</td>
<td>$2.92</td>
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<tr>
<td>Major</td>
<td>2.5 mg/Oral</td>
<td>36</td>
<td>00904-1749-73</td>
<td>$2.92</td>
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<tr>
<td>Major</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00904-1749-60</td>
<td>$2.92</td>
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<tr>
<td>Mylan</td>
<td>2.5 mg/Oral</td>
<td>100</td>
<td>00378-0014-01</td>
<td>$2.92</td>
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<tr>
<td>Professional P</td>
<td>2.5 mg/Oral</td>
<td>30</td>
<td>58469-3998-30</td>
<td>$2.92</td>
</tr>
<tr>
<td>Qualitest</td>
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### Drug: Melphalan, "Alkeran", Tablet (Brand)

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<th>How Supplied</th>
<th>Package Size</th>
<th>National Drug Code (NDC)</th>
<th>Allowance Per Unit</th>
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<td>Burroughs-Wellcome</td>
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### Drug: Etoposide, "VePesid", Capsule (Brand)

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<th>Allowance Per Unit</th>
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</thead>
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<td>50 mg/Oral</td>
<td>20</td>
<td>00015-3091-45</td>
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### Drug: Cyclophosphamide, "Cytoxan", Tablet (Brand)

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ENTERAL NUTRIENTS BY CATEGORY

Effective April 18, 1995

Category I (B4150)

Attain
Attain L.S.
Attain K.D.S.
Ensure
Ensure HN
Ensure Powder
Ensure with Fiber (name changed from Enrich effective 02/01/93)
Entera
Entera Isotonic
Entera Isotonic Fiber
Entralife HN
Entralife HN Fiber
Entralife HN-2
Entrition HN
Fiberlan (effective 01/01/93)
Fibersource
Fibersource HN
Fortison
Glytrol (effective 04/03/95)
Hearty Balance (effective 12/27/94)
Introlite
Isocal
Isocal HN
Isocal II
Isofiber
Isolan (effective 01/01/93)
Isomil
Isosource
Isosource HN
Jevity
Lonalac
Meritene
Newtrition (Flavors) (Prior to 01/01/93)
Newtrition HN (Prior to 01/01/93)
Newtrition Isofiber (Prior to 01/01/93)
Newtrition Isotonic (Prior to 01/01/93)
Nitrolan (effective 01/01/93)
Nutrapak
Nutren 1.0
Nutren 1.0 with Fiber
Nutrilan (effective 01/01/93)
Osmolite
Osmolite HN
Pediasure
Pediasure with Fiber
Portagen
Pre-Attain
ProBalance (effective 04/03/95)
Profiber
Promote* (effective 04/03/95)
Promote with Fiber* (effective 04/03/95)
Replete
Resource
Susta II
Sustacal
Sustacal Fiber
Ultracal

Category I (B4151)

Compleat B
Compleat B Modified
Vitaneed

Category II (B4152)

Comply
Ensure Plus
Ensure Plus HN
Entrition 1.5
Isocal HCN (name changed to Deliver 2.0 effective 06/14/93)
Isotera Isotonic
Lipisorb (Prior to 04/06/93)
Magnacal
Newtrition 1.5 (Prior to 01/01/93)
Nutren 1.5
Nutren 2.0
Nutriven (Prior to 05/17/93)
Resource Plus
Respalar
Sustacal HC (name changed to Sustacal Plus)
Twocal HN
Ultralan (effective 01/01/93)

Category III (B4153)

Accupepha
Criticare HN
Isotein
L-Emental (effective 02/22/94)
Precision HN
Precision Isotera
Reabilan
Travasorb HN
Vital HN
Vivonex HN

Categories IV and V are listed on the next page with 1995 allowances.

Category VI (B4156)

Precision LR Powder
Tolerex
Travasorb STD Powder
Vivonex STD Powder

* Effective April 3, 1995, Promote and Promote with Fiber (B4150) were recategorized from Category IV PEN nutrients to Category I PEN nutrients.
### ENTERAL NUTRIENTS BY CATEGORY (INCLUDING 1993 - 1995 ALLOWANCE*)

* Pen Fees are frozen these years

**IC** - Individually considered

**Effective April 18, 1995**

#### Category IV (B4154)

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<th>Product Description</th>
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<td>Citrotein</td>
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<tr>
<td>L-Elemental Plus (effective 02/23/95)</td>
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<td>Peptamen Junior (effective 02/20/95)</td>
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<td>Peptamen VHP (effective 08/16/94)</td>
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<td>Pro-Peptide (effective 02/20/95)</td>
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#### Category IV

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<td>Advera (effective 01/03/95)</td>
<td>XX037</td>
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<td>AminAid</td>
<td>XX031</td>
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<td>Crucial (effective 01/03/95)</td>
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<td>Diabetisource (effective 01/03/95)</td>
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<td>Entera OPD</td>
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<td>Glucerna</td>
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<td>ImunAid</td>
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<tr>
<td>Lipisorb (effective 04/06/93)</td>
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<td>Nepro</td>
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<td>Travasorb MCT</td>
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#### Category V

<table>
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<th>Level III Code</th>
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<td>Polycose</td>
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<td>Sumacal</td>
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</table>

Please note that the allowances listed may not necessarily reflect your allowances. Remember that Medicare calculates your allowance for each procedure code using the prevailing charges, your actual charges and your customary charges. The lowest of these charges becomes your allowed charge.

For a profile of your customary charges, you may write to: Palmetto GBA, Pricing Unit, P.O. Box 100190, Columbia, SC 29202.

Be sure to include your NSC-assigned supplier number on all requests. If you have any questions, please contact your Dedicated Work Team at (803) 691-4300.
The following fee schedule matrix contains updates and corrections to the schedule previously published in the March 1995 *DMERC Medicare Advisory.*

### Corrected P & O Fee Schedules

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<th>GA</th>
<th>KY</th>
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### Updated 1995 Fee Schedules

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### Updated 1995 Fee Schedules (Used)

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### New 1995 Orthopedic Footwear Fee Schedules (Applies to all states within Region C)

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</table>

* This fee schedule applies to Puerto Rico only

** This fee schedule is valid for all states within Region C except Puerto Rico

### NEW ALLOWANCE FOR A4320 (IRRIGATION TRAY) - PUERTO RICO ONLY

Effective immediately, the allowance for code A4320 (Irrigation tray with bulb or piston syringe, any purpose) will change from $55.73 to $5.33. This change will affect allowables for beneficiaries residing in Puerto Rico only.

If you have any questions regarding this matter, please send them in writing to: Medicare Reimbursement P.O. Box 100190 Columbia, South Carolina 29219
**APRIL 1995 DRUG UPDATES**

As of April 1, 1995, the following drug prices are applicable. These drug prices are subject to quarterly updates.

<table>
<thead>
<tr>
<th>Inhalation Drugs:</th>
<th>Infusion Drugs:</th>
<th>Immunotherapy Drugs:</th>
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**SURGICAL DRESSING FEE REVISIONS**

*Effective June 1, 1995*

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</table>
The following are software vendors, billing services and clearinghouses who have demonstrated their ability to submit electronic claims for durable medical equipment, prosthetics, orthotics, and supplies in the National Standard Format. These companies have been certified by one of the four durable medical equipment regional carriers (DMERCs) whose addresses are listed below.

### Region A: The Travelers Companies
- **EMC Technical Support**
  - 320 S. Pennsylvania Blvd., Suite 339
  - Wilkes-Barre, PA 18701-2215
  - (717) 820-5841

### Region B: AdminaStar Electronic Services
- **Marketing Department**
  - 6802 Hillsdale Court
  - Indianapolis, IN 46250
  - (800) 952-2068

### Region C: Palmetto Government Benefits Administrators
- **DMERC EDI**
  - P.O. Box 100145
  - Columbia, SC 29202-3145
  - (803) 788-9751

### Region D: CIGNA Medicare
- **EMC Marketing Assistants**
  - P.O. Box 49
  - Boise, ID 83707
  - (208) 342-4440

## Certified Software Vendors

### 3PM-McKesson
- **30881 Schoolcraft**
  - Livonia MI 48150
  - Anna Smith
  - 713/929-7590

### Acu-Serve Corporation
- **140 Akron Peninsular Rd. #104**
  - Akron, OH 44313
  - Angie Barone
  - 800/883-8968

### Advanced Solutions
- **4810 S. 165th St.**
  - Omaha, NE 68134
  - Jeff Bane
  - 402/896-6881

### Aim Rite Computer Systems
- **P.O. Box 9**
  - German Town, WI 53022
  - Janet Johnson
  - 414/255-0222

### Aim Systems
- **8356 Banbury Road**
  - Downers Grove, IL 60516
  - Ann MacDonald
  - 708/971-9290

### Alcon Systems
- **6201 S. Freeway, S-14**
  - Ft. Worth, TX 76134
  - Joe Donnelly
  - 800/289-1992

### American Medical Software
- **P.O. Box 236**
  - Edwardsville, IL 62025-0236
  - Jerry McCullough
  - 618/692-1300

### ASAP Software
- **13253 Hwy. 41 North, Ste. 105**
  - Tampa, FL 33629
  - Ed Kutt
  - 813/949-6251

### B & B Software
- **P.O. Box 8095**
  - Van Nuys, CA 91409-8095
  - Tania
  - 818/787-5457

### Bill Ease Systems
- **269 Morgan Grosse Pointe, MI 48236**
  - John Beddow
  - 313/337-8670

### Breen Systems
- **Box 507**
  - Willston, VT 05495
  - Jeff Dike
  - 802/879-4212

### Budget Computer Systems
- **10500 NW 26th St., Bldg. 101**
  - Miami, FL 33172
  - Eddie Muniz
  - 305/477-7770

### Business Solution Service Corp.
- **Calle Trigo #563**
  - El Dorado 8A
  - Santa Fe, TX 78659
  - Luis A. Colon
  - 809/876-2091

### Busnet Inc.
- **9999 Gould Rd.**
  - Eden Prairie, MN 55347
  - Jeff Charnes
  - 612/934-3606

### CDL Healthcare Systems
- **8011 154th St., Ste. 220**
  - Miami Lakes, FL 33106
  - Theresa Fusco
  - 305/822-5566

### CDS-Tech Group
- **P.O. Box 1747**
  - Bowling Green, KY 42101-1747
  - George Jansen
  - 502/781-5310

### CFI
- **11350 Random Hills Rd., Ste. 350**
  - Fairfax, VA 22030
  - Jeff Salmon
  - 703/267-7200

### California Medical Systems
- **23101 Lake Center Dr., Ste. 270**
  - El Toro, CA 92630
  - Arnold R. Deleon
  - 714/768-1700

### Capcom
- **9 Tanner St., West Entry**
  - Haddonfield, NJ 08032
  - David Capell
  - 609/428-0878

### Classic Data Service
- **8301 S. Western Ave.**
  - Los Angeles, CA 90047-1174
  - Art Cross
  - 213/751-1174

### Companion Technologies
- **1-20 East @ Alpine Rd.**
  - Columbia, SC 29219
  - Frank Harris
  - 803/699-2625

### Compu-Med
- **15 Locust Ave.**
  - Baltimore, MD 21224
  - Dick Wright
  - 410/276-2212

### CompuAims
- **1640 Akron Peninsula Rd. #104**
  - Akron, OH 44313
  - Jim Egan
  - 404/998-3046

### Compu-Services
- **247 Rutledge St.**
  - Orange Park, FL 32073
  - Joe Donnelly
  - 904/276-2204

### Computer Applications Unltd.
- **6360 Flank Drive, Ste. 100**
  - Harrisburg, PA 17112
  - Scott Straining
  - 717/541-0651

### Computer Clinic
- **503 Grasslands Rd.**
  - Valhalla, NY 10607
  - Carolyn Knight
  - 914/521-2525

### Computer Support Systems
- **875 Old Roswell Road, G400**
  - Roswell, GA 30076
  - Jim Egan
  - 404/998-3046

### Computers Unlimited
- **2407 Montana Ave.**
  - Billings, MT 59101
  - Cindy Allen
  - 406/255-9500

### Computers Unlimited
- **P.O. Box 1071**
  - Tualatin, OR 97062-1071
  - Mark Whitaker
  - 503/692-7256

### Confidential Business Systems
- **190 Lester Dr.**
  - Orange Park, FL 32073
  - Dick Wright
  - 904/276-2204

### Consolidated Automated Systems
- **190 Lester Dr.**
  - Orange Park, FL 32073
  - Don Wright
  - 904/276-2204

### Cost Effective Computer Systems
- **2950 C Cleveland Hwy.**
  - Dalton, GA 30721
  - Tom Torbett
  - 706/259-6091
CERTIFIED SOFTWARE VENDORS (Cont'd)

Curtis Software
520 South Main St., Ste 2921
Akron, OH 44311
Paul Faagan
800/648-2377

Cydata
One Cyccare Plaza, Ste. 500
Dubuque, IA 52001
Sheryl Breitfelder
319/356-3131

Dagar
Box 8776
Cranston, RI 02920
Ron Angelone
401/944-8856

DataHouse
One Perimeter Park South
Suite 100 South
Birmingham, AL 35243-2343
Jim Braswell
205/972-9292

DataLogic Technologies
220 W. Brandon Blvd., Ste. 209
Brandon, FL 33511
Terry Lewis/Peggy Pollock
700-766-6931

Dezine Associates
758 State Hwy., Ste. 110
East Brunswick, NJ 08816
Ray Asmar/Jeff Bloom
800/447-7370

Digital Simplicits
1105 W. 83rd Terrace
Lenexa, KS 66214
Paul Peterson
913/894-0081

Diversified Ophthalmics
250 McCullough St.
Cincinnati, OH 45226
Doug Borland
513/321-7988

Dynamic Energy Systems
710 East Park Blvd., Ste. 206
Plano, TX 75074
Sandra Myers
214/435-5171

Dynamic Sourcing
6031 Johns Road #7
Tampa, FL 33634
Jorge Diaz
813/861-1132

Effective Solutions
5220 75th St., Ste. 5
Lubbock, TX 79424
Tom Stroud
806/794-9114

Elcom
681 Anderson Dr.
Pittsburgh, PA 15220
Barbara McMaster
412/937-0690

Elite Software & Services
P.O. Box 64
Broomfield, CO 80038-0064
Rick Hartley
303/468-1895

Ellipsis Software
P.O. Box 4569
Madison, WI 53744
Phil Belyer
608/271-0888

EXT Software
600 Town Ctr. Blvd., Ste 100
Pineville, NC 28134
Dan G. Benenhour
704/889-2860

Executive Data Systems
P.O. Box 240123
Montgomery, AL 36124
Earl Taylor
205/277-6201

FSAR Inc.
7914 Heather Rd.
Ekins Park, PA 19117
Jim O'Brien
215/635-0669

FASTRACK HealthCare Systems
255 Executive Dr.
Plainview, NY 11803
Pat Matthews
516/349-9136

Finley Systems
5500 E. Loop 820 South,
Ste. 101
El. Worth, TX 76119
Rod Smith
817/572-7540

Four Color Software Corp.
6522 Senator Lane
Dayton, OH 45459
Steve Takiff
513/433-3780

Futura International
22051 US Hwy. 19 North
Clearwater, FL 34625
Marshall Fryman
813/791-3332

Future Tech Corporation
10319 Technology Dr., Ste. 1
Knoxville, TN 37932
Stephen Frye
615/675-1450

General Computer Corp.
2045 Midway Dr.
Twin Lakes, OH 44087
Len C. Stusek
800/521-4548

Genius Solutions
755 E. Big Beaver, Ste. 2000
Troy, MI 48094
Mark Thussmell
810/362-6810

HPS Gold
2600 Stewart Ave.
Wausau, WI 54401
Tom Voss
800/555-1225

Health Team
4141 MacArthur Blvd.,
Ste. 110
Newport Beach, CA 92660
Michael Barish
714/252-0668

Healthcare Automation
300 Centerville Rd.
Warwick, RI 02886
Bob Cole
401/738-8850

Healthcare Computer Corp.
4506 Oakfair Blvd., Ste. 109
Tampa, FL 33610
David E. Pippin
813/622-835

Health Team Mgmt. Services
4141 Mac Arthur Blvd.,
Ste. 110
Newport Beach, CA 92660
Carla Burhanan
714/252-0668

Hinkle and Associates
2127 Tracy Rd.
New Whiteland, IN 46184
Angie Logadon
317/353-7274

HomeHealthcare Systems
2006 Wildoria Court
LaRonge, KY 40031
Kelly Thomas
502/222-4264

Infinity Corp.
1003 N. Bushnell Ave.
Alhambra, CA 91801
Greg Duvall
818/756-5110

InfoQuest
314 E. Main St.
Newark, DE 19711
Netton Mehta
302/456-3392

Info Services
155 McCormack Dr.
Ridgeland, MS 39157
Todd Lamperg
601/985-1904

Introspect
12244 Sylvania-Metam
Berkeley, OH 43515
Kurt Teschendorf
419/829-3183

Keystone Medical Systems
3 Lemoyne Dr.
Lemoyne, PA 17043
Matt Sanders
717/783-1616

Kirkland Information Systems
702 Mainkave Ave. Ste. A
Chico, CA 95926
Evelyn Casper
916/891-8201

Kiyo Systems
P.O. Box 3239
Newport Beach, CA 92659
Richard Sakasura
414/550-5667

LifeStar Computers
14 Cedar Grove Rd.
Annandale, NJ 08801
Bob Zetick
908/735-9656

MG Research
610 E. Acacia Ave., Ste. 9
Glendale, CA 91205
Greg Megerian
818/552-5033

MS Group Inc.
8151 SW 90th Ave., Ste. 123
Miami, FL 33173
Henry Meyer
305/279-7917

Management By Information
100 S. University, Ste. 409
Little Rock, AR 72205
Lee Hartz
501/681-0386

Mandell Association
P.O. Box 1162
Williamsville, NY 14231-1162
David Mandell
716/632-5952

Marcella Industries
12311 Harrington
Byron, OH 44818
Sharon McDonald
810/286-4950

Mavis Computer Systems
2970 Alhambra Dr.
Cameron Park, CA 95682
Shawn Logan
916/677-1234

Maximus
677 W. Imboden
Decatur, IL 62521
Tony Heckman
217/442-1897

Med 2000
P.O. Box 489
Redondo Beach, CA 90277
Frank Smith
310/316-9110

MedComp
3075 Veterans Memorial Hwy.
Ronkonkoma, NY 11779
Donna Ayakian
516/467-3401

Med-Care Data Systems
223 Stiger St.
Hackettstown, NJ 07840
Barry Gruber
800/995-4637

Medic Computer Systems
8601 Six Forks Rd.
Raleigh, NC 27615
Ken Howard
919/347-8102

Medical Business Svcs.
10201 W. Markhard, Ste. 206
Little, Rock, AR 72211
Gary Foster
501/223-2080

Medical Data Systems
2045 Midway Drive
Twin Lakes, OH 44087
Garen Kirsch
800/663-5854

Medical Office Software
1706 W. 53rd Dr.
Golden, CO 80403
Marc Workman
303/271-0944

Medical Office Software
2280 SW 70 Ave.
Davie, FL 33317
Doug Wolferton
305/476-8177

Medical Solutions
1 Sugar Creek
Sugarcreek, TX 77478
Dean Reese
800/264-4674
<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Omni Systems Inc.</td>
<td>P.O. Box 1707, Greenville, CT 75403</td>
<td>Tabitha Johnson 903/455-0461</td>
</tr>
<tr>
<td>Omni Tech</td>
<td>2100 45th St., Ste. A1, West Palm Beach, FL 33407</td>
<td>Jay Roy 407/844-0099</td>
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<tr>
<td>PC Solutions</td>
<td>427 Hartford Rd., Brooklyn, NY 11234</td>
<td>Mike Feldman 800/441-5473</td>
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<tr>
<td>Pacware</td>
<td>8229 Pinfield Dr., Sacramento, CA 95842</td>
<td>Byron Maynard 916/348-8514</td>
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<tr>
<td>Paragon Software</td>
<td>4740 Cinderella Lane, Las Vegas, NV 89102</td>
<td>Carl Jones 702/221-0748</td>
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<td>Pass Inc.</td>
<td>5204 Kingston Pike, Ste. 32, Knoxville, TN 37919</td>
<td>Patricia Wright 615/388-6697</td>
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<tr>
<td>Personalized Programming Inc.</td>
<td>Rte. 3, Box 90, Alachua, FL 32615</td>
<td>Larry Howitz 904/462-2148</td>
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<tr>
<td>Pharmicare Inc.</td>
<td>2621 Crescent Springs Rd, Crescent Springs, KY 41017</td>
<td>Ron Winters 606/331-1112</td>
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<tr>
<td>Physician Micro Systems</td>
<td>301 Cleveland Place, Virginia Beach, VA 23466</td>
<td>W.R. Drury 804/671-1802</td>
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<tr>
<td>Practical Computer Solutions</td>
<td>537 Vanguardia St., P.O. Box 777, Collinsville, IL 62234</td>
<td>John Brennan 618/345-7232</td>
</tr>
<tr>
<td>Practice Management System</td>
<td>140 Gold St, Nesham, MA 01580</td>
<td>Denise Stone 617/433-5155</td>
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<tr>
<td>Practicing Inc.</td>
<td>16923 Meridian E., Ste. A, Puyallup, WA 98373</td>
<td>Melody Plett 206/414-4443</td>
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<tr>
<td>Prism</td>
<td>1700 N. Lebanon St, Lebanon, IN 46052</td>
<td>Mary Walker 800/223-3828</td>
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<tr>
<td>Pro Business Systems Inc.</td>
<td>6266 N. &quot;W&quot; St., #216, Pensacola, FL 32533</td>
<td>Bonnie Mader 904/479-9035</td>
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<tr>
<td>Promed Systems Inc.</td>
<td>221 Whitney Ave, New Haven, CT 06511</td>
<td>Wayne Gilbert 203/773-8255</td>
</tr>
<tr>
<td>Q1</td>
<td>P.O. Box 6052, Spartanburg, SC 29304</td>
<td>Jeff Rowland 803/578-9455</td>
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<tr>
<td>Quadax</td>
<td>4079 Executive Pkwy, Westerville, OH 43081</td>
<td>Hank Termoor 614/882-1200</td>
</tr>
<tr>
<td>Quadramed Corporation</td>
<td>2700 Yngnacio Valley Rd., Ste. 300, Walnut Creek, CA 94598</td>
<td>Jamie Coss 510/930-0896</td>
</tr>
<tr>
<td>RF Systems</td>
<td>165 N. Village Ave., Ste. 109, Rockville Center NY 11570</td>
<td>Jerry Farkas 516/623-3444</td>
</tr>
<tr>
<td>RNA Inc.</td>
<td>130 W. Wengler Rd, Englewood, OH 45322</td>
<td>Chris Kerner 513/832-0058</td>
</tr>
<tr>
<td>Reimbursement Services</td>
<td>P.O. Box 27145, Greenville, SC 29616</td>
<td>Brent Mattox 803/459-9984</td>
</tr>
<tr>
<td>Rich Ware Inc.</td>
<td>12750 SW Pacific Hwy., #104, Tigard, OR 97223-6138</td>
<td>Rich Rohde 503/620-6862</td>
</tr>
<tr>
<td>Rockhopper Systems Inc.</td>
<td>10985 N. Harrell's Ferry, Ste. F, Baton Rouge, LA 70816</td>
<td>Todd McCoy 504/272-9125</td>
</tr>
<tr>
<td>Rollins Healthcare Data Systems</td>
<td>1520 Odyke Court, Auburn Hills, MI 48326-2662</td>
<td>Chris Dobiesz 810/475-5510</td>
</tr>
<tr>
<td>Rose Computer &amp; Software</td>
<td>613 Martin Ave., Ste. 201, Rohnert Park, CA 94928</td>
<td>Gary Rose 707/586-9506</td>
</tr>
<tr>
<td>Safier Program Systems Inc.</td>
<td>433 Airport Blvd., Ste. 434, Burlingame, CA 94010</td>
<td>Orin Safier 415/548-9777</td>
</tr>
<tr>
<td>Sandata Inc.</td>
<td>48 Harbor Park, Port Washington, NY 11050</td>
<td>Pat Matthews 516/484-0700</td>
</tr>
<tr>
<td>Scientific Data</td>
<td>238035 Denton, Clinton Twp., MI 48036</td>
<td>Paul Ballinger 810/468-7600</td>
</tr>
<tr>
<td>Soft-Aid</td>
<td>1880 N.E. 163rd St, Extencion Gauna, N. Miami Beach, FL 33162</td>
<td>Jose Valero 305/949-0970</td>
</tr>
<tr>
<td>Softcare</td>
<td>828 W. Taylor St, Griffin, GA 30223</td>
<td>Jim Highsmith 404/229294</td>
</tr>
<tr>
<td>Source Computing Inc.</td>
<td>627 S. 48th St., Ste. 100, Tempe, AZ 85281</td>
<td>Dick Brothers 602/829-7270</td>
</tr>
<tr>
<td>Specialized Computer Systems</td>
<td>P.O. Box 1044, Dubois, PA 15801</td>
<td>Brian Taylor 814/375-0700</td>
</tr>
<tr>
<td>Spectrum Software</td>
<td>P.O. Box 11154, Nashville, TN 37222-1546</td>
<td>Rick Long 800/TEAM 289</td>
</tr>
<tr>
<td>Standard Business Systems</td>
<td>25675 Loraine Rd, North Olmstead, OH 44070</td>
<td>Rebecca McNeely 216/779-4070</td>
</tr>
<tr>
<td>Starting Point</td>
<td>30250 John Dr, Madison Heights, MI 48071</td>
<td>Charles Mason 313/585-4880</td>
</tr>
<tr>
<td>Systems Management</td>
<td>525 W. Washington, South Bend, IN 46601</td>
<td>Greg Kitcham 219/234-5807</td>
</tr>
<tr>
<td>Systems Plus/ Personalized Program</td>
<td>500 Clyde Ave, Mountain View, CA 94043</td>
<td>Reba Gibbons 800/222-7701</td>
</tr>
<tr>
<td>Tech Plus</td>
<td>99 University Place, New York, NY 10003</td>
<td>Jeremy Markman 212/505-0550</td>
</tr>
<tr>
<td>Tech Pro</td>
<td>115 S. Bedford, Burlington, MA 01803</td>
<td>Lori Tanczer 617/229-0556</td>
</tr>
<tr>
<td>TeleClaims Inc.</td>
<td>Shades Creek Pkwy., Ste. 1000, Birmingham, AL 35209</td>
<td>Johnnie Farley 205/879-3022</td>
</tr>
<tr>
<td>Terry Newman</td>
<td>9171 Wilshire Blvd., Ste. 206, Beverly Hills, CA 90210</td>
<td>Terry Newman 800/227-5534</td>
</tr>
</tbody>
</table>
## CERTIFIED SOFTWARE VENDORS (Cont’d)

**TransactionData**
6355 MetroWest Blvd., Ste. 100
Orlando, FL 32825
Mike Miller
800/289-7930

**Tropical Software**
660 Gulfport Blvd., Ste. 270
St. Petersburg, FL 33730
Ted Wade
813/367-8061

**Unico Inc.**
238 N. Weinback
Evansville, IN 47711
Ken Stoltz
812/479-3932

**Unicorn Comp Corp**
3701 NW 126th Ave.
Coral Springs, FL 33065
Andy Kaplan
305/755-1710

**Unitec**
2300 E. Higgins Rd., Ste. 203
Elk Grove Village, IL 60007
Sen Ganesan
708/952-3266

## CERTIFIED BILLING SERVICES

**1st Claim Services**
4617 N. Prospect #23
Peoria, IL 61614
Susan Beason
309/622-3314

**2nd Insurance Doctor**
2361 Aberdeen St.
East Meadow, NY 11554
Barbara Dandone
516/794-4160

**21st Century Billing**
620 Patterson Box 298
Cambridge, NE 69022
Barbara Phillips
308/897-3266

**4 C’s Medical Billing**
P.O. Box 720905
Pinion Hills, CA 92372
Charles Courn
819/868-4932

**A & A Alternative Billing**
4020 SW 54th Ave.
Davie, FL 33314
Paula Bushman
305/792-9713

**A1A Billing & Collection**
17000 NW 77th Ave., Ste. 322
Miami, FL 33015
Isis Gonzalez
305/822-3202

**ABC Medical**
2625 E. Thirteenth, Ste. 3H
Brooklyn, NY 11235
Leon Brennin
718/934-3356

**A Perfect Medical Billing Svcs.**
14539 Diplomat Dr.
Tampa, FL 33613
Terri L. Dorfman
813/960-8724

**A Quality Medical Supplies**
483 E. 49 St.
Hialeah, FL 33013
Sanadara Lata
305/685-7914

**AAA Medical Billing**
2800 University Ave.
HIB#200
Des Moines, IA 50226
Pat Donahue
515/222-1906

**A.A.A.A. Inc.**
600 Palm Ave., Ste. C
Hialeah, FL 33010
Dela Lopez
305/883-3933

**ACS Service Bureau**
800 W. Cummings Park,
Ste. 5000
Woburn, MA 01801
Ken Bedford
617/935-7777

**ADL Medical Processing**
P.O. Box 659
New Castle, KY 40050
Denise Stanberry/April Higgins
502/845-0184

**A & F Billing Inc.**
4471 NW 36 St., Ste. 208
Miami, FL 33166
Florence Daudin
305/551-8885

**AG Care Medical Equip. Corp.**
175 Fountainbleu Blvd.,
Ste. 2K7
Miami, FL 33172-4511
Maria Garcia
305/551-8885

**A.K. Billing Service Inc.**
1111 SW 8th St., Ste. 202
Miami, FL 33130
Ana Maria Doval
305/858-9258

**A & M Medical Services Inc.**
4601 SW 75th Ave.
Miami, FL 33155
Arnando Maury
305/265-0391

**A & M Medical Services Inc.**
8217 SW 74th Ave.
Miami, FL 33155
Mayte Celar
305/265-0391

**ADM Biowing Services**
13161 56th Court, Ste. 203
Clearwater, FL 34620-4027
Charles Brown
813/932-8158

**AMR Medical Consultants**
510 Point O’Wood
Azusa, CA 91702
Dina Ewell
818/969-3055

**AOS Data Services**
P.O. Box 607
ValleymStream, NY 11582-0607
Stephanie Feola
516/865-7339

**ARP Electronic Medical Billing**
23657 Emelita St.
Woodland Hills, CA 91367
Jerry Miller
818/888-5458

**A & T Enterprises**
2500 Cross Dr.
Kileen, TX 76543
Ray Ayerst
807/699-1015

**Accu Health Billing Services**
18 Freeman Road
Killeen, TX 76543
812/479-3932

**Accurate Billing & Claims Inc.**
12 Old Coach Rd.
Vernon, NJ 07462
Karen Forest
201/827-8393

**Accurate Billing Specialists**
P.O. Box 452002
Miami, FL 33143
Michelle Suarez
305/663-4208

**Ace Processing**
3509 Maplewood Dr.
St. Anthony, MN 55418
Carol Larson
612/798-0396

**Acu-Serve Corporation**
1640 Peninsula Rd. #104
Akron, OH 44313
Angie Barone
800/887-8963

**Additional Reimbursement**
9458 Hwy, 87 North
San Angelo, TX 76901
Regina Taylor
915/949-4616

**Advanced Med. Billing System**
8213 W. Oaksetter St.
Tampa, FL 33611
Marc A. Pine
813/699-5856

**Advanced Medicare Services Inc.**
13161 56th Court, Ste. 203
Clearwater, FL 34620-4027
Charles Brown
813/932-8158

**Advantage Business Services**
4420 S. Lee St., Ste. 201
ButAud, GA 30518
Jackie Hutchins
404/271-1099

**All-Med Billing**
2189 W. 60th St., H203
Hialeah, FL 33010
Abner Diaz
305/822-0724

**All State Billing Service**
933A SW 87 Ave.
Miami, FL 33174
Francisco Soto Malave
305/267-8118

**All-We-Do Medical Billing**
3900 Pelandale Ave. #420
Ste. 180
Modesto, CA 95356
Anita Vahra
209/262-4925

**American Home Billing**
3208-C East Colonial Dr.,
Ste. 124
Orlando, FL 32803
Patti L. Clarkson
407/872-8440

**American Home Therapies**
1842 Lackland Hill Pkwy.
St. Louis, MO 63146
Barb Hopkins
314/994-0100

**DMERC Medicare Advisory**
314/994-0100
Barb Hopkins
St. Louis, MO 63146

**Evansville, IN 47711**
812/479-3932

**Unico Inc.**
238 N. Weinback
Evansville, IN 47711
Ken Stoltz
812/479-3932

**Unicorn Comp Corp**
3701 NW 126th Ave.
Coral Springs, FL 33065
Andy Kaplan
305/755-1710

**Unitec**
2300 E. Higgins Rd., Ste. 203
Elk Grove Village, IL 60007
Sen Ganesan
708/952-3266

**Vector Systems**
4991 Wyffels Rd.
Candiqua, NY 11424
George Schnellman
716/394-2270

**Versys Inc.**
400 Blue Hill Dr.
Westwood, MS 02090
Jim Madden
617/320-4745

**Wallaby Software**
10 Industrial Ave.
Mawah, NJ 07430
Narendra Goradia
201/935-7777

**Weber Automated**
5950 W. Howard
Skokie, IL 60077
Javier Elizondo
708/965-9600

**Wismer-Martin**
12828 N. Newport Highway
Mead, WA 99021
Larry Stansbury
800/231-7477
CERTIFIED BILLING SERVICES (Cont'd)

American Medical Inc.
3525 Hessmer Ave., Ste. 205
Metairie, LA 70002
Linda Williams
504/887-9328

American Medical Receivables
4329 Covington Hwy., #333
Decatur, GA 30035
Jessie Graham
404/288-6700

Anarina Nutrition
P. O. Box 3142
Hialeah, FL 33013
Manny Tapia
305/566-0224

Ancillary and Inventory
P.O. Box 11576
Pensacola, FL 32524-1576
Jon F. Brakefield
904/494-9380

Applied Financial Services
220 N. Greenwood Ave.
Easton, PA 18042
Diane Kapanka
215/252-6148

ASAP Billing
2820 Cabot St.
Laguna Niguel, CA 92677
Roh Hardison
714/365-5626

ASAP Claims Services
P.O. Box 11146
Glendale, AZ 85318
Sherry Marynix
602/938-5685

ASAP Medical Billing Services
600 N. Mountain Ave. #B-200
Upland, CA 91786
Sue Corcoran
909/482-4882

Ask Healthcare Management
1398 SW 15th St.
Boca Raton, FL 33486
Al Kelling
407/933-5345

Associated Medical Products
6352 Alway Rd.
Indianapolis, IN 46241
Mary Jeril
317/856-1320

Astro Billing Systems
1852 NW 67th Ave., Ste. 162
Miami, FL 33145
Carlos Sanchez
305/380-8915

Automated Profess.
ArcView
1262 Pine View Dr.
Margontown, W.V. 26505
Janie Quick
304/599-6601

Beamish Billing Service
2473 Larchwood St.
Orange Park, FL 32065
Tracy Beamish
904/272-7037

Bemac Medical Billing
551 W. 51st St. Place
Hialeah, FL 33012
Marco Betancourt
305/827-2020

Best Billing Service
18359 Meadow Ridge Rd.
Salinas, CA 93907
Barbara Schu
408/443-8702

2586 NW 89th Dr.
Coral Springs, FL 33065
Mindy S. Brittan
305/755-7425

Bettie R. Lee Billing Service
28 MacArthur Dr.
Cabot, AR 72023-8006
Jill C. Free
501/834-2997

Bill Tech Medical Svcs.
8960 SW 89th Court
Miami, FL 33176
Susie Garcia
305/279-1020

Billing G. Systems Inc.
7821 Coral Way, Ste. 117
Miami, FL 33155
Jaime Zahibeano
305/266-7388

Billing Network Inc.
7331 Coral Way, Ste. 240
Miami, FL 33155-1471
Lenny Menendez
305/264-8100

Billing Plus
7711 Coral Way, Ste. 402
Miami, FL 33155
Luis S. Gonzalez
305/264-7787

Billing Service of Miami Inc.
1516 Venera Ave., Ste. 200
Miami, FL 33146
Rosa E. Martinez
305/368-6108

Billing Time
26600 Fargo Ave., Ste. C
Bedford Heights, OH 44146
Cathy Barcikowski
216/831-6800

Billtec Inc.
1834 SW 94 Court
Miami, FL 33165
Albert Tellechea
305/229-9437

C & C Homecare Inc.
P.O. Box 7047
Bradenton, FL 34210-7047
Alan Cross
813/951-2099

C & J Medical Billing Service
27908 Biscayne Ave.
Miami, FL 33174
Joann Morris Varner
510/783-1329

CLM Billing Service
1350 W. 48th St., Ste. 103
Hialeah, FL 33012
Liana Alvarez
305/556-2852

CNH Electronic Medical Billing
P.O. Box 11133
Glendale, CA 91266
Colin Lau
818/240-0311

CPT Billing Inc.
1635 NW 45 St.
Coral Springs, FL 33065
Mergie Barranco
305/341-8154

Caldwell Insurance Processing
P.O. Box 188
Hermiston, OR 97838
Joan Caldwell
503/567-0995

California Medicomp
P.O. Box 8095
Van Nuys, CA 91409-8095
Maurice Cuellar
818/787-4466

Campbell Enterprises
116 3rd Ave. West
Albany, WA 52531
Evelyn Campbell
519/322-9528

Cape Professional Billing Svcs.
P.O. Box 340
Cape May, NJ 08210
Rich Pappenman
609/463-8107

Capitol Claims Processing
P.O. Box 353
Rumson, NJ 07760
Cindy Witkowski
908/758-9866

Caretec Services
742 Cookson Ave., SE
New Philadelphia, OH 44663
Michael Rhodes
800/837-4205

Carolina Medical Billing
4518 3-D Providence Rd.
Charlotte, NC 28226
Matt Pomponio
704/364-3118

Cash Management Consultants
P.O. Box 95
Jenison, MI 49429
Paul McCabe
616/669-3344

Caton & Associates
5545 N. Oak, Ste. 25A
Kansas City, MO 64118
Linda Caton
816/589-9400

Cemi Billing Services
P.O. Box 192513
San Juan, PR 00919-4282
Hiram Puig
809/754-4282

Central Home Care Inc.
953 SW 1st St., Ste. 4
Miami, FL 33130
Ivonne Tomayo
305/541-1441

Central Medical Billing Corp.
1830 SW 8th St., Ste. 402-A
Miami, FL 33135
Artigley Guegunde
305/541-9328

Central Medical Services
3500 N. Rock, Bldg. 100
Wichita, KS 67225
Becky Boyle
316/363-2527

Claim-Aid
P.O. Box 1710
Sugarland, TX 77478-1710
John Bottego
713/261-8886

Claimcare
620 S. Main St., Ste. 2521
Akron, OH 44311
Paul Fagan
800/648-2377

Claimcare Inc.
6911 Main St., Ste. 205
Miami Lakes, FL 33014
Jaiie Zambrano
305/863-2392

Claims Management Service
570 Lawrence St., #110
Eugene, OR 97401
Brad Leake
503/344-9210

Claims Xpress
5220 Carousell Lane
Crestview, FL 32536
Tim Buereml
904/669-2363

Classic Data Service
8301 W. Western Ave.
Los Angeles, CA 90047-3038
ArtCross
213/751-1174

Clinical Health Systems
P.O. Box 1589
Vancouver, WA 98668
Anna Troupe
206/693-6443

Clinical Respir. Care Consultants
9835 Sunset Dr., Ste. 102
Miami, FL 33173
Carmen O. Rodriguez
305/279-5072

Clinical Support Services
1187 E. Mission Rd.
Fallbrook, CA 92028
Marty Pridy
619/731-2000

Coastal Health Care Home
1600 Frederica Dr., Ste. 3
St. Simons Island, GA 31522
Beth Pharr-Luke
912/638-5646

Coleman Billing Service
300 Rockmount Dr.
W. Columbia, SC 29169
W. L. Coleman, Jr.
803/796-4943

Comp U Claims
30 Bull St.
Newport, RI 02840
Lauren Carson
401/849-4702

Complete Billing Systems
506 Athena Dr.
Belmont, PA 15626

Comprehensive Accounting
427 W. Dimmer St.
Dunmore, PA 18509
Rich Kazmierski
717/341-0584
CERTIFIED BILLING SERVICES (Cont’d)

Crossroads Medical Mgmt. Inc.
P.O. Box Drawer P
Perry, GA 31069
Kathy Norris
912/988-1294

Dem International
14231 SW 31st St.
Miami, FL 33175
Vanessa Fernandez
305/226-0566

Dial Medical of Florida, Inc.
1990 Industrial Dr.
Deland, FL 32724-3023
Trish Fuqua
904/738-2778

Direct Med Claims
285 Clark St. Road
Auburn, NY 13021
Arthur J. Seward
315/252-3106

Discount Medical Equipment Inc.
2-35-B N. Decatur Rd.
Decatur, GA 30033
Marjorie Ard
404/373-3580

Diversified Medical Specialties
1002 McFarland Blvd., Ste. M
Northport, AL 35476
Sonja Dorough
205/333-8858

Doctors Electronic Billing
2402 Birkdale Way
Elizabethtown, KY 42701-8626
Marlyn C. Graese
502/737-3789

Electronic Medical Billing
7380 W 20th Ave., Ste. 102
Hialeah, FL 33016
Deyanire Garcia
305/826-6699

Electronic Medical Billing
E. Codey Dr., Ste. 200-N
Columbus, GA 31924
Thomas Liu
909/824-5903

Elconf Med. Claims Billing Ctr.
2880 Meade Ave., Ste. 101
Las Vegas, NV 89110
Robert Brown
702/367-3625

Elena Coronel
5911 NW 184 St.
Miami, FL 33175
Elena Coronel
305/623-0755

Elite Software & Services
P.O. Box 64
Broomfield, CO 80023
Rick Hartley
303/466-1895

Enterprise Consultants
36. 3 Box 208 B
Summit, MS 39666
Manly Reeves
800/280-2442

Enturo Med Services
2132 NE 62nd Ct.
Ft. Lauderdale, FL 33308
A.J. Miceli
305/491-0854

Excabur Systems Inc.
5623 E. 22nd St.
Tucson, AZ 85711
Steve Diaz
520/790-5979

Executive Mgmt. & Consult.
Srv.
755 East 49th St., Ste. B
Hialeah, FL 33013
Manuel N. Alvarez
305/769-9888

Express Claims Processing
11925 Wentling Ave.
Baton Rouge, LA 70816
Bonnie Mills
504/296-6800

Express Medical Billing
1003 SW 67th Ave.
Miami, FL 33144
Terry Kanamine
305/261-7576

Cross Shield Med. Equip. & Rental
13780 SW 56 St., Ste. 212
Miami, FL 33175
Roberto Vaides
305/382-1838

Comprehensive Billing Systems
4770 Biscayne Blvd., Ste. 930
Miami, FL 33134
Ana Rivasdemarena
305/571-9489

Comprehensive Healthcare
15760 Bull Run Rd., Ste. G271
Miami Lakes, FL 33014
Michelle Papp
305/362-8224

Computer Business Systems
6211 Executive Blvd.
Rockville, MD 20852
Phillip Tremper
301/770-2992

Computerized Billing
Communications
11200 W. Flagler St., Ste. 214
Miami, FL 33174
Razen Sanchez
305/227-4040

Computerized Med. Svc. of South Florida
7364 SW 82nd St., #E-109
Miami, FL 33143
Karla M. Jimenez
305/667-2570

Consolidated Automated Systems
190 Lester Dr.
Orange Park, FL 32073
Don Wright
904/276-2204

Cornell Med Claims
3 Academy St.
N. Providence, RI 02914
Jay Cornell
908/464-3636

Cost Control Billing Inc.
P.O. Box 20383
St. Petersburg, FL 33742-0383
Kathy Chilver
813/572-5449

Countrywide Billing Service
36-16 154th St.
Flushing, NY 11358
Art Follino
718/359-6426

Covenant Home Med.
Services
2222 Edgemont
Waterloo, IA 50702
Bob Hoffman
319/236-4054

Creative Environment Inc.
301 N. Broadway
North Little Rock, AR 72114
Sam Lamey
501/374-3312

Cross Shield Med. Equip. & Rental
13780 SW 56 St., Ste. 212
Miami, FL 33175
Roberto Vaides
305/382-1838

DME EMC Billing
1040 Travelers Trail
Kennesaw, GA 30144
Donna Brundidge
404/423-7997

DME Services of Texas
P.O. Box 870215
Mesquite, TX 75187-0215
Terry Henderson
214/226-8055

DNL Inc.
516 Villa Ave. #25
Colvis, CA 91362
Nicki Neal
203/299-8661

DRI Technology
120 East Ave.
Woodburn, MA 01801
Richard Mathier
617/939-6239

Data Input Services Inc.
1452 29th St., Ste. 303
W. Des Moines, IA 50266
Ed Osengra
515/222-0991

Dataline Inc.
110 Bi County Blvd., Ste. 110
Farmington, NY 11735
Eddie
516/293-3030

Datalogic Technologies
220 W. Brandon Blvd., Ste.
209
Brandon, FL 33511
Terry Lewis/Peggy Pollock
800/766-6931

DelCare
1870 Executive Park Pl.
Cleveland, TN 37312
Dave Gidley
513/831-2545

Delta B Inc.
200 W. Columbus Dr.
Hammond, LA 70401
Cathy Addison
504/542-0707

Delta Data Services
103 N. Sioux
Hallsville, TX 75650
Clayton Ainsworth
903/669-3556

Delta Tax Service Inc.
P.O. Box 6
Sicily Island, LA 71368
Bobby Winbeler
318/389-4866

Delta Medical Billing Inc.
1545 Gulf Shores Pkwy., Ste. 153
Gulf Shores, AL 36542
Diana Hayes
205/681-4727

Dynamic Medical Billing
5975 SW 8th St.
Miami, FL 33144
Marta I. Ramirez
305/227-0286

Dynamic Medical Billing
6950 SW 24th St., Ste. 303
Miami, FL 33155
Maggie Vasquez
305/661-8244

ECF Systems Inc.
600 W. Campbell Rd., Ste. 1
Richardson, TX 75080
Horace A. Wilkinson
214/669-3772

ECF Distributors Inc.
P.O. Box 1038
Hawkinsville, GA 31036
Grady Griffin
912/738-4988

EMC Billing Services
P.O. Box 8623
Richmond, VA 23226
Beth Tudor
804/470-5643

Electroclaims of Houston
8618 Heatherview
Houston, TX 77099-7963
Major C. Davis
713/495-0213

ElectroMedical Billing
8333 NW 64th St.
Miami, FL 33166
Ana M. Calzada
305/594-8939

Electronic Claims of Puerto Rico
1038 J.T. Pinero Ave., Ste.
1038
Puerto Nuevo, PR 00920
Enrique Rodriguez
809/792-1020

Electronic Filing Service
P.O. Box 130
Chillicothe, OH 45601-0130
Wallace Clay
817/852-5686

Executive Mgmt.
Services
1900 W. 20th Ave.
Miami, FL 33175
Terry Kanamine
305/594-8939

Executive Mgmt. & Consult.
Srv.
5623 E. 22nd St.
Tucson, AZ 85711
Steve Diaz
520/790-5979

Executive Mgmt. & Consult.
Srv.
755 East 49th St., Ste. B
Hialeah, FL 33013
Manuel N. Alvarez
305/769-9888

Express Claims Processing
11925 Wentling Ave.
Baton Rouge, LA 70816
Bonnie Mills
504/296-6800

Express Medical Billing
1003 SW 67th Ave.
Miami, FL 33144
Terry Kanamine
305/261-7576

June 1995 DMEC Medicare Advisory
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### CERTIFIED BILLING SERVICES (Cont'd)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>City, State ZIP Code</th>
<th>Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>F &amp; E Home Health Care</td>
<td>1850 SW 8th St., Ste. 505</td>
<td>Miami, FL 33135</td>
<td>Evelio Ramirez Jr.</td>
<td>305/541-6618</td>
</tr>
<tr>
<td>FJB Fast Claim Billing</td>
<td>451 Juniper St., Ste. 100</td>
<td>Warmister, PA 18974</td>
<td>Frank Buck</td>
<td>215/672-2440</td>
</tr>
<tr>
<td>Family Medical Billing Service</td>
<td>3 Sutton Place</td>
<td>Ronkonkoma, NY 11779</td>
<td>Dennis Wandle</td>
<td>516/585-5716</td>
</tr>
<tr>
<td>Federal Medical Equipment Inc.</td>
<td>14625 SW 142 Pl. Cir. Miami, FL 33186-5855</td>
<td></td>
<td>Alberto Perez</td>
<td>305/255-3832</td>
</tr>
<tr>
<td>First Claim of Oregon</td>
<td>3303 SW Anchor Ave., Ste. 4</td>
<td>Lincoln City, OR 97367</td>
<td>Zona Nelson</td>
<td>503/994-8776</td>
</tr>
<tr>
<td>Florida Complete Health Care</td>
<td>19234 NW 67th Ave., Ste. 243</td>
<td>Miami, FL 33015</td>
<td>Maribel Pacheco</td>
<td>305/362-3264</td>
</tr>
<tr>
<td>Florida Underwriting Co.</td>
<td>16956-3 McGregor Blvd. Ft. Myers, FL 33906</td>
<td></td>
<td>Jennie Grow</td>
<td>813/466-5657</td>
</tr>
<tr>
<td>Fry Automated Med Service</td>
<td>St. Rt. 2 Box 153 A</td>
<td>Houston, MO 65483</td>
<td>Doris Fry</td>
<td>417/967-4557</td>
</tr>
<tr>
<td>Future Care Corporation</td>
<td>2050 W. 56th St., Ste. 32-299</td>
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<td>Carlos Alvarez</td>
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<td>Garver Medical Associates</td>
<td>1815 S. 4th Avenue, Tulsa, OK 74119-5007</td>
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<td>Michell Garver</td>
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<td>Gateway Business Network</td>
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<td>A. Renee Willis</td>
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<td>Gateway Health Service</td>
<td>P.O. Box 690</td>
<td>Maryville, IL 62062</td>
<td>Tina McNutt</td>
<td>800/541-1896</td>
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<td>Gerri Pro</td>
<td>12601 N. Kave Creek, Ste. 116</td>
<td>Phoenix, AZ 85022</td>
<td>Adrian Gambrell</td>
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<td>Global Billing</td>
<td>957 SW 122 Ave., Miami, FL 33184</td>
<td>Maria Baljata</td>
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<td>GoodTq Mobility</td>
<td>2811 Via Magia</td>
<td>Carlsbad, CA 92008-1346</td>
<td>Larry Liles</td>
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<td>Grenade &amp; Associates</td>
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<td>Danville, GA 30021</td>
<td>Caution Grenade</td>
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<td>H &amp; H Enterprises</td>
<td>10319 Technology Dr. #3</td>
<td>Knoxville, TN 37932</td>
<td>Rick Hensley</td>
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<td>Hamp Healthcare Management</td>
<td>127 Rte. 59</td>
<td>Muncy, NY 10592</td>
<td>Ester Apntre</td>
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<td>Haugen Insurance</td>
<td>RR #1 Box 74</td>
<td>Lisbon, ND 58054</td>
<td>Rita Haugen</td>
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<td>Healthcare Mgmt. Systems</td>
<td>P.O. Box 932</td>
<td>Port Lavaca, TX 77979-0932</td>
<td>Roger Mahon</td>
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<td>Healthcare Computer Corp.</td>
<td>4508 Oak Fair Blvd., Ste. 109</td>
<td>Tampa, FL 33612</td>
<td>David E. Pippen</td>
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<td>Pat Shannon</td>
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<td>Kendra Ourada</td>
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<td>659-C Jenks Ave.</td>
<td>Panama City, FL 32401</td>
<td>Nelson Scott</td>
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<td>Health Team Mgmt. Svcs.</td>
<td>4141 McArthur Blvd., Ste. 110</td>
<td>Newport Beach, CA 92660</td>
<td>Carla Burhanan</td>
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<td>Henderson Drug Inc.</td>
<td>P.O. Box 819</td>
<td>Clarksdale, MS 38614-0819</td>
<td>Val Soldevila</td>
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<td>Hialeah Billing Services Inc.</td>
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<td>Hi Tech Health Care Services</td>
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<td>Hinkle &amp; Associates</td>
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<td>Angie Logsdon</td>
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<td>Home Medicare Inc.</td>
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<td>Hood Home Care Medical</td>
<td>107 West Scenic Dr.</td>
<td>Little Rock, AR 72118</td>
<td>Wayne Hood</td>
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<td>Integrated Billing Alternatives</td>
<td>1239 E. Newport Cir., Ste. 110</td>
<td>Deerfield Beach, FL 33442</td>
<td>Carolyn Cucru</td>
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<td>Integrated Health Systems</td>
<td>702 Main St.</td>
<td>Latrobe, PA 15650-1629</td>
<td>Nick Rossi</td>
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<td>Integrated Medical Mgmt. Svcs.</td>
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<td>Harrison, TN 37341</td>
<td>Kent Hartmann</td>
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<td>Intelemed Data Systems</td>
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<td>Miami, FL 33145</td>
<td>Carolina Griffin</td>
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<td>Intropsect</td>
<td>12244 Sylvanian Avenue</td>
<td>Berkley, OH 43515</td>
<td>Kurt Tesaert</td>
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<td>J &amp; A Electronic Billing Service</td>
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<td>Indiaia Arias</td>
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<td>J &amp; J Consultant</td>
<td>2778 Cherry Laurel Lane SW</td>
<td>Atlanta, GA 30311</td>
<td>Josephine Taylor</td>
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<td>JAS Medical Equipment Inc.</td>
<td>P.O. Box 4952, Ste. 45</td>
<td>Caguas, PR 00725</td>
<td>Javier Santos</td>
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<td>J.H.E.G. Physicians Billing Corp.</td>
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<td>Minerva Mazaiva</td>
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<tr>
<td>JP Processing Services</td>
<td>859 Toh-n-hah Trail</td>
<td>Wichita, KS 67212</td>
<td>Jo Dears</td>
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<td>Jacobson, Abernathy, &amp; Assoc.</td>
<td>2323 Curlew Rd., Ste 7E</td>
<td>Palm Harbor, FL 34684</td>
<td>Kathy Gibson</td>
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<td>Joel Sklar Computers</td>
<td>87 Dartmouth St.</td>
<td>Valley Stream, NY 11581</td>
<td>Joel Sklar</td>
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<td>Juckette Mgmt. Svcs. Inc.</td>
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<td>KCKsville, MO 65301</td>
<td>Jill Stoffer</td>
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<td>Kim Bruce</td>
<td>4481 Lurrington St.</td>
<td>Philadelphia, PA 19137</td>
<td>Kim Bruce</td>
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<td>L &amp; D Company</td>
<td>3997 Cama Creek Rd.</td>
<td>Leavenworth, WA 98826-9427</td>
<td>Loma Acton</td>
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<td>LMS Electronic Medical Billing</td>
<td>200 Fug Court</td>
<td>Rohrert Park, CA 94928</td>
<td>Lana Mason</td>
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<tr>
<td>LRE Electronic Billing Service</td>
<td>2 Netherlands Blvd.</td>
<td>Schenectady, NY 12306</td>
<td>Lori Esposito</td>
<td>516/356-4001</td>
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<tr>
<td>LTC Data Service</td>
<td>3412 Georgia St.</td>
<td>Louisville, MO 63353</td>
<td>Barb Bettis</td>
<td>314/734-6350</td>
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<tr>
<td>LTC Inc.</td>
<td>32 Broadmoor Jackson, TN 38305-2525</td>
<td>Earl H. Marshall</td>
<td>901/664-9130</td>
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<tr>
<td>Labbs Billing &amp; Bookkeeping</td>
<td>P.O. Box 673</td>
<td>Monroeville, PA 15146</td>
<td>Linda Bishop</td>
<td>412/372-7711</td>
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### CERTIFIED BILLING SERVICES (Cont’d)

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<td>Lebanon Medical Management</td>
<td>815 Cumberland St., Lebanon, PA 17042</td>
<td>Carol Matthews</td>
<td>717/273-9732</td>
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<td>Leyi Medical Service Corp.</td>
<td>1490 W. 49th Place, Ste. 540, Hialeah, FL 33012</td>
<td>Jaddrey De Amas</td>
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<tr>
<td>Life Care</td>
<td>P.O. Box 10, Sallisaw, OK 74955</td>
<td>Marie Harrison</td>
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<td>Lilia A. Perez Billing Service</td>
<td>691 SE 3 Place, Hialeah, FL 33012</td>
<td>Lilia A. Perez</td>
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<td>MDHS</td>
<td>1720 S. Caraway, Ste. 3020, Jonesboro, AR 72401</td>
<td>Karen Marick</td>
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<td>MP Billing Service</td>
<td>10031 SW 40th St., Miami, FL 33165</td>
<td>Pablo Suarez Jr.</td>
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<td>MSC Infusion Care Inc.</td>
<td>3100 N. 29 Ct., Ste. 102, Hollywood, FL 33020-1321</td>
<td>Kai-Chee Chow</td>
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<td>Beatriz Perez</td>
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<td>Martello &amp; Associates</td>
<td>2621 Whiteford Rd., Whitefield, MD 21160</td>
<td>Herbert Martello</td>
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<td>Martin Medical Claims Svcs.</td>
<td>1601 Neshoba Dr., #15, Mobile, AL 36605</td>
<td>Susan Martin</td>
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<td>Med-90 Inc.</td>
<td>1432 Hanley Industrial Ct., St. Louis, MO 63144</td>
<td>Tom Grommet</td>
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<td>Med Care Services Inc.</td>
<td>15301 Roosevelt Blvd., Ste. 303, Clearwater, FL 33462-3561</td>
<td>Tammy Desharnois</td>
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<td>Med Claim Service</td>
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<td>Med Electric Billing</td>
<td>904 De Leon Dr., El Paso, TX 79912</td>
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<td>Med Future</td>
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<td>Joes L. Abreu</td>
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<td>Med Kai</td>
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<td>Frank Dutriz</td>
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<td>Med Tech Services</td>
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<td>John Hanley</td>
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<td>James Brooks</td>
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<td>Jim Sloan</td>
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<td>Medi-Bil Systems</td>
<td>5010 118th St., Omaha, NE 68137</td>
<td>Warran Lee</td>
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<td>Medi-Bill Systems</td>
<td>9705 SW Sunshine Ct. #1000, Beaverton, OR 97005</td>
<td>Todd Larson</td>
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<td>Elizabeth Brocca</td>
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<td>Medi-Claims Express</td>
<td>P.O. Box 2262, Macon, GA 31203</td>
<td>Ed Scott</td>
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<td>Medi-Systems</td>
<td>14000 63rd Way N., Ste. B, Clearwater, FL 34620</td>
<td>Terry Thomas</td>
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<td>Medical Accounting Specialists</td>
<td>P.O. Box 12568, Roanoke, VA 24062-9983</td>
<td>Michael Porta</td>
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<td>Medical Advance Billing Corp.</td>
<td>820 Salzedo St., Apt. 401, Coral Gables, FL 33134</td>
<td>Jose L. Abreu</td>
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<td>Medical Base Service Inc.</td>
<td>110 Wall St., Princeton, NJ 08540</td>
<td>Shirley Kaufman</td>
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<td>5917 W. Creek Rd., Random Lake, WI 53075</td>
<td>Dale Becker</td>
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<td>Medical Billing Plus</td>
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<td>Marlene Ferrer</td>
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<td>Medical Billing Professionals</td>
<td>2313 Darby Rd., 2nd Floor, Haverton, PA 19083</td>
<td>Carol Colangelo</td>
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<td>Medical Billing Service</td>
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<td>Kevin Smith</td>
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<td>9539 White Oak Ave., Munster, IN 46321</td>
<td>Richard Feingold</td>
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<td>Dawn Maddock</td>
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<td>Kathy Toll</td>
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<td>Medical Biotics</td>
<td>45 Whitney Rd., Mahwah, NJ 07430</td>
<td>Gayle Sysak</td>
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<td>Medical Business Associates</td>
<td>P.O. Box 1479, Etowah, NC 28729</td>
<td>Ron Meyer</td>
<td>704/891-5524</td>
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<td>Medical Claim Service</td>
<td>722 N. Shadeland Ave., Ste. 102, Indianapolis, IN 46250</td>
<td>June Levey</td>
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<td>9213 Cranleigh Dr., Tallahassee, FL 32308</td>
<td>Judy Hodge</td>
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<td>114 Swamp Fox Trail, Greer, SC 29650</td>
<td>Hardika Patel</td>
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<td>Medical Data Management</td>
<td>37800 Mound Rd., Sterling Heights, MI 48310</td>
<td>Norman Burrell</td>
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<td>12625 High Bluff Dr., Ste. 113, San Diego, CA 92130</td>
<td>Steve Rie</td>
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<td>1267 West Bagley Rd., Berea, OH 44017</td>
<td>Greg Kirsch</td>
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<tr>
<td>Medical Devices</td>
<td>7500 A.E. Beatty Dr., Ste. #6, Bartlett, TN 38133</td>
<td>Jackie Montgomery</td>
<td>901/386-2626</td>
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<td>Medical Equipment Processing Systems</td>
<td>3681 SE 25 Ave., Ocala, FL 34471</td>
<td>Debbie Howard</td>
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<td>Medical Information Systems</td>
<td>115 S. Zaragoassa St., Pensacola, FL 32501</td>
<td>Nick Edwards</td>
<td>904/433-4345</td>
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<td>Medical Insurance Services</td>
<td>P.O. Box 14642, Odessa, TX 79768-4642</td>
<td>Poppy Pieper</td>
<td>915/550-0732</td>
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<tr>
<td>Medical Integrated Systems</td>
<td>2315 North St., Ste. 202, Beaumont, TX 77702</td>
<td>Georgetta Randals</td>
<td>409/832-7262</td>
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<tr>
<td>Medical Manager</td>
<td>500 Clyde Ave., Melton View, CA 94043</td>
<td>Michael Porta</td>
<td>305/669-4444</td>
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</table>
CERTIFIED BILLING SERVICES (Cont'd)

Physician's Med. Billing Inc. 220 SE 9th St. Pompano Beach, FL 33060-8851 Judy Langley 305/941-7780

Plaza Drugs 178 Bridge St. Las Vegas, NM 87701 Cynthia Parsons 505/425-5221

Power Plus Systems Inc. 4453 Plumbos St. Spring Hill, FL 34607 Harold W. Koevert 904/597-2399

Preferred Medical Equip. Co. 106 West Hill Dr. Lebanon, TN 37087 Russ Goforth 615/449-8686

Premier Billing Service 3920 Augusta Hwy. West Columbia, SC 29170 Francine Fields 803/787-9255

Primary Eyecare Network 125 Ryan Industrial Ct. #101 San Ramon, CA 94583 Shelly Huskands 510/838-9230

Primary Medical Services 2801 Ponce De Leon, St. 333 Coral Gables, FL 33134 Ivette Ray 305/448-1744

Pro Claim 352 Harlow St., St. A Bangor, ME 04401 Gayle Magill 207/843-7020

Pro Med 4633 Ventura Canyon Ave. Sherman Oaks, CA 91423 Eric Hartung 818/986-1315

Proclaim P.O. Box 681646 Franklin, TN 37068-1646 Steve Bradley 615/373-4166

Professional Billing Service 5337 Al S. Campbell Muscle Shoals, AL 35661 Carolyn Maness 205/383-8389

Professional Billing Service 410 Prosperity Way Muscle Shoals, AL 35661 Carolyn Maness 205/383-8389

Professional Billing Service P.O. Box 807 Owensboro, KY 42302-0807 Dolores Park 502/683-1151

Professional Claim Services 3500 7th St. NE Great Falls, MT 59404 Julie Hallfrisch 406/452-8618

Professional Eagle LTD 17 BishopHollow Newton Square, MA 02193 Ken Weyer 610/325-9855

Professional Office Services 5512 East 114th St. Tulsa, OK 74137 Sharon Heidelerethe 918/299-9299

Professional Medical Billing 3551 SW 12th Ave. Miami, FL 33175 Antonia Valdes 305/226-5833

Provider Billing Services 7401 N. Broadway, Ste. 450 Denver, CO 80221 Jeff Donahue 303/430-8000

Pyramed Medical Billing Group 2445 Lake Pancoast Dr., #9 Miami Beach, FL 33140 Rob Freeman 305/531-4444

Q-Med 17129 Main St., Unit B Hesperia, CA 92345 John Boldt 661/244-6400

Quadramed Corporation 2700 Vngacoal Valley, Ste. 300 Walnut Creek, CA 94598 Jamie Cross 510/930-0896

Quality Billing Corp. 10240 SW 97th Ave., Ste. 103 Miami, FL 33176 Ana Castell 305/270-3334

Quality Billing Service P.O. Box 462 Sallisaw, OK 74955 Clayton Farmer 918/776-0640

Quality Health Services P.O. Box 3314 Morgan City, LA 30804 Leonia Chapman 504/385-6008

Quality Physician Billing 27068 La Paz, Ste. 234 Laguna Hills, CA 92656 Justin P. Blanchard 714/643-6347

Quantum Health Services Inc. 336 Butler Rd. Kittanning, PA 16201 Christa Scalf 412/545-9140

R & E Billing Service 11401 Bird Rd., Ste. 305 Miami, FL 33165 Eddie Perez 305/226-9923

R & R Medical Billing Corp. 3890 W 76th St., Ste. 103 Hialeah, FL 33016 Rebecca Rojas 305/826-1222

Rancare Inc. 31742 Enterprise Dr. Livonia, MI 48150 Julie Lopez 313/427-4810

Rapid-Med Claims Inc. P.O. Box 2960 Silverdale, WA 98383 Dawn Boquist 206/698-4828

Rapid Reimbursement P.O. Box 721097 Burkeny, MI 48072 John Wardwell 810/518-4562

Rapid Return Medical Billing 131 Glenwood Dr. North Baxter, MN 56401 Bonnie Nentl 828/299-2455

Rapid Returns Rt. 1 Box 56D Los Angeles, CA 94506 William H. Stevenson 210/233-4134

Recio Medical Plus Inc. 18055 SW 97th Ave., Ste. 102 Miami, FL 33185 Lisa Rodriguez 305/252-3334

Regional Med. Ctr. Med-E Pharmacy 877 Jefferson Memphis, TN 38103-2807 Gail Austin 901/545-1798

Regional Services Inc. Rt. 2 Box 84C Linden, TN 37096 David Ramey 615/589-5252

Reimbursement Associates P.O. Box 248 Orland, CA 95963 Cindy Ussery 916/865-3903

ReimbursementServices P.O. Box 27145 Greenville, SC 29616 Brent Mattox 803/458-8884

Resplow Inc. 5100 Sunbeam Rd. Jacksonville, FL 32257 Mark Kraemer 904/268-0537

Revenue Enhancement Professional 3705 SW 22nd Ave. Blue Springs, MO 64015 Andrea Cassidy 816/224-6470

Riverview Homes Inc. P.O. Box 761 Louisv, KY 41230 David McKenzie 606/638-3339

Rollins Healthcare Data Systems 2310 Providence Dr. Southfield, MI 48075 Jay Linton 810/423-7200

RXpert Health Consultants Inc. 18 Remington Place Wyand, PA 19874 Debbie Lee 215/396-1752

S & S Medical Billing & Consulting 12380 SW 82 Ave. Miami, FL 33156 Susan Salterino 305/256-7982

SAK Billing Services 40575 California Oaks Rd. D1-179 Murrieta, CA 92503 Sheryl Kzemien 909/698-2063

SBSS Services Inc. 451 Veit Rd. Huntingdon Valley, PA 19006 Gary Gordon 800/755-1231

SNF Billing Service P.O. Box 1001 Teaneck, NJ 07666 Roberto Kishikawa 201/837-8170

S.T.A.R. 331 Plumtree Dr. Arvind, CA 94010 Laurie Brown 805/854-4148

SSI Medical Services 4349 Corporate Rd. Charleston, SC 29405 Pam Ryan 803/740-8412

Samaritan Services 181 Dalloz Rd. Columbia, SC 29204 Lori Hewlette 803/738-9462

Senior Health Care Billing Svc. P.O. Box 579 Cottonwood, AZ 86326 Barb Bradford 602/634-6304

Seniors Management 1114 Wynwood Ave. Cherry Hill, NJ 08002 Kathleen Toomey 609/663-4044

Software Depot 239 New Rd., Ste. C-1 Parsippany, NJ 07054 Evelyn Solomon 201/244-0003

Software to Systems 700 W. Peterose Way Cincinnati, OH 45203 Bonnie Michael 513/621-1200

Source Computing Inc. P.O. Box 579 Cottonwood, AZ 86326 Barb Bradford 602/634-6306
CERTIFIED BILLING SERVICES (Cont'd)

South Florida Billing Svc.
P.O. Box 0846
Miami, FL 33144
Gladys Tunes
305/444-7144

Southern Pharmacy
120 S. Main St.
Simpsonville, SC 29681
Barbara Fortune
803/967-1860

Southwest Med. Clearinghouse
26459 Maricopa Pl.
Sun Lakes, AZ 85248
Marvin Roe
602/895-7396

Spec Medical Inc.
4654 SW 74th Ave.
Miami, FL 33155
Andres R. Silviera
305/266-6701

Specialized Ins. Assistance
7020 Chippewa St.
St. Louis, MO 63119
Kathy Serafin
314/832-3939

Specialty Claims
125 Heatherton Circle, Ste. 360
Clausen Bldg.
Greensburg, KY 42743
Michelle Milby
502/932-3749

Specialty Office Solutions
P.O. Box 11646
Albuquerque, NM 87192
Ron Ballard
505/243-5800

Specialty Prosthetics Systems
1653 Hoyt St.
Ren, NV 89509
Michele Nielsen
702/849-2386

Stat Care PHR Inc.
5616 Bardstown Rd.
Louisville, KY 40291
Stephanie Heard
502/239-6592

Stat Medical Billing Inc.
P.O. Box 522900
Miami, FL 33152-2900
G. David Morales
305/227-7628

Statewide Claims Consultants
P.O. Box 280
Sheridan, AR 72120
Kathy Brodsky
501/942-5410

Stephens Medical Management
5337 Verdun Ave.
Los Angeles, CA 90043
Beverly Stephens
213/750-6095

Summit Health Services Inc.
RD 12 Box 204
Greensburg, PA 15601
Log Ginolfi/Dennis Walsh
800/432-7788

Supplied USA Inc.
P.O. Box 3253
W. Somerset, KY 42564-3253
Debbie L. Wilson
606/679-6996

Sylvia J. Hill & Associates
326 East Osage
MCALESTER, OK 74501
Sylvia Hill
917/423-7100

T. Campbell Billing & Consulting
P.O. Box 777
Edgewood, KTX 75117
Teresa Campbell
903/896-7507

TG Complete Med. Claim Processing
7200 Montgomery NE, Ste. 220
Albuquerque, NM 87109
Tonia Gray
505/880-9730

T.I. Medical Inc.
4727 SW 74th Ave.
Miami, FL 33155
Toni J. Lanza
305/267-0683

TLC Billing Services Inc.
10240 SW 58th St., Ste. 113-E
Miami, FL 33175
Josie Lima
305/596-1317

T-Tech Medical Services
35 Osprey St.
Safety Harbor, FL 34695-5325
Terry D. Thomas
813/726-9348

Team Health Services Inc.
1767 Reynolds Ave.
Irvine, CA 92714
Cheri Sweetland
714/250-4774

Technical Medical Billing
4529 Stonewall, Ste. 142
Greenville, TX 75401
Trevlyn Rice
903/454-3454

Top Source
3141 Stage Post Dr.
Bartlett, TN 38133
Shawn Hayter
901/373-9314

Total Health Services
3100 Commercial Ave.
Northbrook, IL 60062
Joel Fish
708/498-2464

Transfer Unlimited Inc.
1840 W 49th St., Ste. 713
Hialeah, FL 33012
Julia Sibert
305/823-1279

Tricare Medical Resources Inc.
3304 S. Broadway, Ste. 107
Tyler, TX 75701
Dick Carey
903/597-6519

Trinity Medical Billing Specialist
1466 N. Marcela Ave.
Rialto, CA 92376
Kim Eastman
909/874-6031

Turenne & Associate Inc.
114 Hawthorne St.
Talladega, AL 35160-2929
Tim W. Schmidt
205/244-0200

Tucson Medical Claims
HCR #2 PO Box 832
Tucson, AZ 85703
Charles Hunter
602/822-1521

Unified Healthcare Products
14565 Valley View Ave., Ste. U
Santa Fe Springs, CA 90670
Paul Rigney
310/404-8052

Unimed Billing Inc.
P.O. Box 172257
Hialeah, FL 33017-2237
Lourdes Oitila
305/288-7001

Unimed Claims Billing Agency
7235 SW 24th St.
Miami, FL 33156
Dayani Rizo
305/265-1166

Universal Medical Inc.
P.O. Box 451107
Atlanta, GA 30345
Keith Jones
404/321-1918

Unlimited Elec Billing Svcs.
4381 West 16 Ave.
Hialeah, FL 33012
Alexandra Sanchez
305/822-5929

Valu-med Inc.
3300 Lynnhurst Dr.
Montgomery, AL 36116
Gina Lindsey
205/281-3923

W & O Medical Supply
3955 SW 137th Ave., Ste. 3
Miami, FL 33175
Evaristo Ponce
305/229-7077

Weber Automated
5950 W. Howard
Skokie, IL 60077
Javier Elizondo
708/865-9500

Wiliams Medical Billing
519 County Rd. 1528
Cullman, AL 35055
Ann Williams
205/784-5250

Worlsmith, The
8513 Menke Way
Orangevale, CA 95662
Patty Smith
916/988-1302

Wound Care Management
448 W. Donegan Ave.
Kissimmee, FL 34741
Jill Forrest
407/335-9000

York Hannover Pharmacies
6736 Oslen Rd.
New Port Richey, FL 34653
Charles Ross
813/843-0098

DMERC CERTIFIED CLEARING HOUSES

BC/BS Michigan
53200 Grand River
New Hudson, MI 48165
Greg Fullington
313/486-2061

Budget Computer Systems
10500 NW 26th St., Bldg. 101
Miami, FL 33172
Eddie Muniz
305/477-7770

Companions Technologies
I-20 East @ Alpine Dr.
Columbus, SC 29229
Frank Harris
803/69-2625

DataClaim
P.O. Box 818
Culver City, CA 90231
Jim Greenland
310/915-1014

Electronic Translations & Transmittals
P.O. Box 93
Victorville, CA 92393
Frank Haraskis
619/955-1778

Jugel, Richard D. & Co.
111 S. 108th Ave.
Omaha, NE 68114
Jack Gladess
402/334-9404

Medical Data Systems
1267 W. Bagley
Berea, OH 44017
Greg Kirsch
800/343-5954

Medical Electric Data
2525 NW Expressway #610
Oklahoma City, OK 73112
Mark A. Arnold
405/879-4258

Noble House
200 W. Palmetto Park Rd.
Boca Raton, FL 33432
Richard Mehan
407/392-6700

Physicians Practice Mgmt.
356 E. New York St., Ste. 300
Indianapolis, IN 46204
Cynthia Cole
800/428-3515

Power Plus Systems Inc.
4453 Plumasosa St.
Spring Hill, FL 34607
Harold Covert

Quadax
4079 Executive Pkwy.
Westerville, OH 43081
Hank Termeer
614/882-1200

Scinet Inc.
6265 S. Scottsdale Rd.
Scottsdale, AZ 85250
Yitzhak
602/951-3445

TeleClaims Inc.
820 Shades Creek Pkwy.
Ste. 1000
Birmingham, AL 35209
Johnnie Farley
205/879-3022
Please retain the list below as your new DMERC telephone directory.

Dedicated Work Teams and DMERC General Information (803) 691-4300

Professional Relations (PR)
Palmetto GBA
Professional Relations, Medicare Region C DMERC
P.O. Box 100141
Columbia, SC 29202-3141

PR General Information Number: (803) 735-1034

Individual extensions in Professional Relations may be reached by adding the number three in front of the person’s extension. (Ombudsmen addresses and telephone numbers can be found in this advisory in the Professional Relations section.)

Anti-Fraud Unit
Palmetto GBA
Anti-Fraud Unit, Medicare Region C DMERC
P.O. Box 100236
Columbia, SC 29202-3236

Anti-Fraud Hot-Line:
(803) 788-5414

Individual extensions in the Anti-Fraud Unit may be reached by adding the number four in front of the person’s extension.

Hearings
Palmetto GBA
Hearings Department, Medicare Region C DMERC
P.O. Box 100249
Columbia, SC 29202

Written Prior Authorization
Palmetto GBA
Prior Authorization Dept., Medicare Region C DMERC
P.O. Box 100235
Columbia, SC 29202-3235

Electronic Data Interchange (EDI)
Palmetto GBA
Electronic Data Interchange, Medicare Region C DMERC
P.O. Box 100145
Columbia, SC 29202-3145

EDI Help-Line:
(803) 788-9751

DMERC Region A (717) 735-9445
DMERC Region B (317) 577-5722
DMERC Region D (615) 251-8182

National Supplier Clearinghouse (NSC)
Palmetto GBA
National Supplier Clearinghouse
P.O. Box 100142
Columbia, SC 29202-3142
(803) 754-3951

Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)
Palmetto GBA
Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)
P.O. Box 100143
Columbia, SC 29202-3143
(803) 736-6809

HCP/DRG Help-Line:
# GLOSSARY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>American Association of Retired Persons</td>
</tr>
<tr>
<td>AKA</td>
<td>Also Known As</td>
</tr>
<tr>
<td>ALJ</td>
<td>Administrative Law Judge</td>
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<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>ARU</td>
<td>Audio Response Unit</td>
</tr>
<tr>
<td>AWP</td>
<td>Average Wholesale Price</td>
</tr>
<tr>
<td>CMN</td>
<td>Certificate of Medical Necessity</td>
</tr>
<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
</tr>
<tr>
<td>CPM</td>
<td>Continuous Passive Motion</td>
</tr>
<tr>
<td>CWF</td>
<td>Common Working File</td>
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<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
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<tr>
<td>DMEPOS</td>
<td>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</td>
</tr>
<tr>
<td>DMERC</td>
<td>Durable Medical Equipment Regional Carrier</td>
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<tr>
<td>DOB</td>
<td>Date of Birth</td>
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<tr>
<td>EDI</td>
<td>Electronic Data Interchange</td>
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<tr>
<td>EFT</td>
<td>Electronic Funds Transfer</td>
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<tr>
<td>EMC</td>
<td>Electronic Media Claim</td>
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<tr>
<td>EOB</td>
<td>Explanation of Benefits</td>
</tr>
<tr>
<td>EOMB</td>
<td>Explanation of Medicare Benefits</td>
</tr>
<tr>
<td>EPO</td>
<td>Epoetin Alpha</td>
</tr>
<tr>
<td>ERN</td>
<td>Electronic Remittance Notice</td>
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<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>GHP</td>
<td>Group Health Plan</td>
</tr>
<tr>
<td>HCFA</td>
<td>Health Care Financing Administration</td>
</tr>
<tr>
<td>HCPCS</td>
<td>HCFA Common Procedure Coding System</td>
</tr>
<tr>
<td>HCT</td>
<td>Hematocrit</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number</td>
</tr>
<tr>
<td>HAØ</td>
<td>Record NSF record that allows electronic submission of extra narrative data.</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Diseases-9th Revision-Clinical Modification</td>
</tr>
<tr>
<td>IPPB</td>
<td>Intermittent Positive Pressure Breathing</td>
</tr>
<tr>
<td>MCM</td>
<td>Medicare Carrier's Manual</td>
</tr>
<tr>
<td>MSP</td>
<td>Medicare Secondary Payer</td>
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<tr>
<td>NDC</td>
<td>National Drug Code</td>
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<tr>
<td>NSC</td>
<td>National Supplier Clearinghouse</td>
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<td>NSF</td>
<td>National Standard Format</td>
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<tr>
<td>NTIS</td>
<td>National Technical Information Service</td>
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<tr>
<td>OBRA 93</td>
<td>Omnibus Budget Reconciliation Act of 1993</td>
</tr>
<tr>
<td>OCNA</td>
<td>Other Carrier Name &amp; Address</td>
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<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
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<tr>
<td>OSA</td>
<td>Obstructed Sleep Apnea</td>
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<tr>
<td>P &amp; O</td>
<td>Prosthetics &amp; Orthotics</td>
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<tr>
<td>Palmetto GBA</td>
<td>Palmetto Government Benefits Administrators</td>
</tr>
<tr>
<td>PDR</td>
<td>Physician's Desk Reference</td>
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<tr>
<td>PEN</td>
<td>Parenteral and Enteral Nutrition</td>
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<tr>
<td>POS</td>
<td>Place of Service</td>
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<tr>
<td>POV</td>
<td>Power Operated Vehicle</td>
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<tr>
<td>RMRP</td>
<td>Regional Medical Review Policies</td>
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<tr>
<td>RRB</td>
<td>Railroad Retirement Board</td>
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<tr>
<td>SAC</td>
<td>Supplier Advisory Committee</td>
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<tr>
<td>SADMERC</td>
<td>Statistical Analysis Durable Medical Equipment Regional Carrier</td>
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<tr>
<td>TENS</td>
<td>Transcutaneous Electrical Nerve Stimulator</td>
</tr>
<tr>
<td>UPIN</td>
<td>Unique Physician Identification Number</td>
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</table>