Statement of Ordering Physician
Group 2 Support Surfaces

Patient name: 

HIC #: 

Cost information (to be completed by the supplier):

Supplier's charge 

Medicare fee schedule allowance 

The information below may not be completed by the supplier or anyone in a financial relationship with the supplier.

Circle Y for Yes, N for No, D for Does not apply, unless otherwise noted.

Y N D 1) Does the patient have multiple stage II pressure ulcers on the trunk or pelvis?

Y N D 2) Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of an alternating pressure or low air loss overlay which is less than 3.5 inches, or a nonpowered pressure reducing overlay or mattress?

1 2 3 3) Over the past month, the patient's ulcer(s) has/have: 1) Improved 2) Remained the same or 3) Worsened?

Y N D 4) Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?

Y N D 5) Has the patient had a recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis? If yes, give date of surgery: 

Y N D 6) Was the patient on an alternating pressure or low air loss mattress or bed or an air fluidized bed immediately prior to a recent (within the past 30 days) discharge from a hospital or nursing facility?

Estimated length of need (# of months): ______ (99=lifetime)

Physician name (Printed or typed): ________________________________

Physician signature: ________________________________

Physician UPIN: ____________________

Date signed: ____________________
Two new codes have been established for Group 2 support surfaces:

- **K0413** Non-powered adjustable zone pressure-reducing air mattress overlay
- **K0414** Powered air overlay for mattress

Both codes are valid for dates of service on or after 4/1/96. Both codes are in the capped rental payment category. A revision of the Pressure Reducing Support Surfaces - Group 2 policy is published in the upcoming Supplier Manual revision. Required product characteristics for both of these codes are included in the Definition section of the policy. The ZX modifier should be used for billing these codes when the criteria for their use are met. A revised Statement of Ordering Physician is included with the policy.

At the present time, the only product known to be described by code K0413 is the ROHO Dry Flotation Mattress System. If a supplier or manufacturer thinks that another product meets the definition of this code, they should contact the Statistical Analysis DME Regional Carrier (SADMERC) for a coding determination.

If the supplier had previously been billing for the ROHO Dry Flotation overlay using code E1399, they should switch to code K0413 beginning with dates of service on or after April 1, 1996. They should bill continuing with the capped rental schedule that they already are on. For example, if claims had been submitted for February and March dates of services using code E1399, the April claim would be submitted as K0413RRKI, considering it to be the third rental month. The April claim should be accompanied by a statement specifying the initial date that the item was furnished. This information should be attached to a hard copy claim or put into the HAO record of an electronic claim.

If the supplier had previously been billing code E0277 for a product that would now be coded with K0414, they should continue billing code E0277 for that patient. Code K0414 must be used for products with an initial date of service on or after 4/1/96.

There have been questions on the appropriate use of the ZX modifier in two situations:

1. When an ulcer may have healed, how is the supplier to know about this when submitting monthly claims for the support surface;
2. Clarification on the proper use of the ZX modifier for group 2 surfaces with implementation of the revised support surface policy of 1/1/96.

(1) Continued appropriate use of the ZX modifier is the responsibility of the supplier billing the DMERC. The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that use of the ZX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface, and that adequate documentation exists in the medical record reflecting these conditions. Such documentation should not be submitted with a claim but should be available for review if requested by the DMERC. The information may be used to determine whether the ZX modifier was used appropriately (see Documentation section).

(2) The revision of the Pressure Reducing Support Surfaces - Group 2 policy which is published in the upcoming Supplier Manual revision contains language in the Documentation section which further clarifies proper use of the ZX modifier for support surfaces which were furnished to patients prior to implementation of the current policy, effective 1/1/96.
When billing for a lymphedema pump, whether it is for a patient with chronic venous insufficiency or refractory lymphedema, the documentation to justify the medical necessity for the pump must be submitted with the claim.

Documentation requirements for lymphedema pumps can be found in the Documentation section of the DMERC Medical Policy on Pneumatic Compression Devices (Used for Lymphedema). The most current Pneumatic Compression Devices (Used for Lymphedema) can be found on page 95-118 of the September 1995 issue of the DMERC Medicare Advisory.

---

**MEDICAL POLICY UPDATE**

♦ Effective March 1, 1996 the following HCPCS codes are eligible for coverage consideration by Palmetto GBA.

- K0064 Zero pressure tube (flat free insert), any size, each
- K0065 Spoke protectors
- K0071 Front caster assembly, complete, with pneumatic tire, each
- K0072 Front caster assembly, complete, with semipneumatic tire, each
- K0073 Caster pin lock, each

To allow for these HCPCS codes to be considered eligible for coverage, two paragraphs, which specifically document that these codes are not covered, are being deleted from the Wheelchair Options/Accessories DMERC Medical Policy which begins on page 16.15 of the Region C DMEPOS Supplier Manual. The two paragraphs being deleted can be found on page 16.18 of the Region C DMEPOS Supplier Manual.

Effective March 1, 1996, please strike through these two paragraphs in your Region C DMEPOS Suppliers Manual, page 16.18:

Zero pressure tubes (K0064), spoke protectors (K0065), pneumatic or semi-pneumatic tires on the front casters (K0071, K0072) are needed only when the wheelchair is used outside the home. Therefore, they will be denied as not medically necessary.

Caster pin lock (K0073) will be denied as not medically necessary.

This correction will be made to the Wheelchair Options/Accessories policy and released in the next Region C DMEPOS Suppliers Manual Revision.
### 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 medical 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.

#### Electric Mobility

<table>
<thead>
<tr>
<th>Power</th>
<th>Manual</th>
<th>Manual</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0010</td>
<td>K0004</td>
<td>K0001</td>
<td>Rascal #250 (K), Rascal #255 (K), Rascal #270 (K), Rascal #275 (K)</td>
</tr>
<tr>
<td>ETAC</td>
<td></td>
<td></td>
<td>Swede Basic, Swede F3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Swede ACT, Swede Cross, Swede Elite</td>
</tr>
<tr>
<td>EVEREST &amp; JENNINGS</td>
<td></td>
<td></td>
<td>Premier Classic (D), Traveler (A), Traveler L, Universal (A), Vista</td>
</tr>
<tr>
<td>Manual</td>
<td></td>
<td></td>
<td>Traveler (B), Universal (B)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EZ Lite, Lightning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P 2 Plus, SPF II, Vision Millenium</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vision Epic, Vision FX, Vision Nitro, Vision Record</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Universal (C)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Premier Classic (F)</td>
</tr>
<tr>
<td>Power</td>
<td></td>
<td></td>
<td>Magnum, MX, Sabre, Vortex</td>
</tr>
<tr>
<td>K0011</td>
<td></td>
<td></td>
<td>Tempest, Quest</td>
</tr>
<tr>
<td>K0012</td>
<td></td>
<td></td>
<td>Lancer, Xcalibe</td>
</tr>
<tr>
<td>K0014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**GENDRON**

- Manual
  - K0001: 5810LFW, 5812, 5814(D), 5825(D), 5830(D), 7108, 7810(D), 8555
  - K0002: 5811 (G)
  - K0003: 2058, 2811(D), 5810
  - K0004: 4000
  - K0007: 2811(F), 5811(F), 5830(F), 6500, 7810(F), 5814(F), 5825(F)

**GUARDIAN**

- Manual
  - K0001: GS-2000(A), H-1000, H-2000(A)
  - K0002: GL-2000(B), GS-2000(B), H-2000(B)
  - K0003: GL-2000(H)

**HOVERROUND**

- Power
  - K0011: LTV, MPV

**INVACARE**

- Manual
  - K0001: Rolls 900(D), Rolls 4000(D), Tracer, Tracer LX-SA(A), Tracer Plus
  - K0002: Tracer LX-Hemi (B)
  - K0003: Tracer LT
  - K0004: Action Patriot, Ride Lite 2000, Ride Lite 9000
  - K0006: Rolls 900 (E)
  - K0007: Rolls 4000 (F)

- Power
  - K0011: Ranger II, Ranger X, Storm Ranger X, Storm Torque
  - K0012: Power9000
  - K0014: Arrow, Storm Arrow, XT

**KUSCHALL**

- Manual
  - K0005: Champion 1000, Champion 3000, Competitor, Rebel

**LABAC**

- Manual
  - K0001: MRC (I)
  - K0009: BTC, MTC, MTRC

**LOVE LIFT**

- Power
  - K0014: Love Lift System 2214P

**MORGAN**

- Manual
  - K0003: SL, SLS

**PERMOBIL**

- Power
  - K0014: Chairman (J), Hexior (J), Max 90 (J)
<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0001</td>
<td>Recliner (I)</td>
</tr>
<tr>
<td>K0004</td>
<td>Breezy, Breezy 2, EX, RX</td>
</tr>
<tr>
<td>K0005</td>
<td>Carbon, GP, GPS, GPS Swing-away, GPS Ti, GPV, Quickie 2, Quickie 2 HP, Revolution, Shadow, Ti, Triumph</td>
</tr>
<tr>
<td>K0009</td>
<td>TS</td>
</tr>
<tr>
<td>K0011</td>
<td>P-190, P-200, P-210(J)</td>
</tr>
<tr>
<td>K0012</td>
<td>P-100, P-110</td>
</tr>
<tr>
<td>K0014</td>
<td>P-300, P-320</td>
</tr>
</tbody>
</table>

**Redman**

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0011</td>
<td>Geromimo PR (J), Power Road Warrior, Road Savage</td>
</tr>
</tbody>
</table>

**The Standing Company**

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0009</td>
<td>Lifestand</td>
</tr>
</tbody>
</table>

**Wheelchairs of Kansas**

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0006</td>
<td>WZZ-ard</td>
</tr>
<tr>
<td>K0007</td>
<td>BCW 600, BCW recliner</td>
</tr>
</tbody>
</table>

**XL Manufacturing**

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0003</td>
<td>Pacer</td>
</tr>
<tr>
<td>K0004</td>
<td>Comp</td>
</tr>
<tr>
<td>K0009</td>
<td>Challenger</td>
</tr>
</tbody>
</table>

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 < 19 inches.
- **(I):** Code the reclining back separately using K0028.
- **(J):** Code the power recline/tilt separately using K0108.
- **(K):** Use K0010 only if these models come equipped with a joystick control. Use E1230 if these models come equipped with a side-mounted tiller control.
MULTIDEX
SURGICAL DRESSING

When billing for Multidex, code K0262 (wound filler, not elsewhere classified, dry form, per gram), claims for more than 90 grams per wound per month must be accompanied by extra documentation explaining characteristics of the wound which require greater amounts. As stated in the medical review policy on surgical dressings, usual frequency of change is once per day. Amounts utilized should reflect the wound size, and not the quantity packaged by the manufacturer.

URINARY DRAINAGE
COLLECTION
SYSTEM
(A4314 - A4316,
A4357, A4358,
A5102, A5112)

The allowable maximum amounts per month for codes A4314, A4315 or A4316 published in the December ADVISORY (p. 95-182), were incorrect. It was stated that A4314, A4315 or A4316 were allowed at a usual maximum quantity of 2/month. According to the published Urological Supplies policy, only one catheter (A4338 - A4346) per month should normally be required for routine catheter maintenance; therefore, only 1/month catheter insertion tray should be required.

The correct chart is as follows:

<table>
<thead>
<tr>
<th>Code</th>
<th>#/mo.</th>
<th>#/3 mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4314</td>
<td>1</td>
<td>−</td>
</tr>
<tr>
<td>A4315</td>
<td>1</td>
<td>−</td>
</tr>
<tr>
<td>A4316</td>
<td>1</td>
<td>−</td>
</tr>
<tr>
<td>A4357</td>
<td>2</td>
<td>−</td>
</tr>
<tr>
<td>A4358</td>
<td>2</td>
<td>−</td>
</tr>
<tr>
<td>A5102</td>
<td>−</td>
<td>1</td>
</tr>
<tr>
<td>A5112</td>
<td>−</td>
<td>1</td>
</tr>
</tbody>
</table>

When billing A4314, A4315 or A4316, which contain an insertion tray, Foley catheter and drainage bag, the allowable quantity is 1/month. To accommodate the total monthly allowable for drainage bags, A4357, (which is 2/month) this would only be allowed in a quantity of 1/month, when billed in addition to A4314, A4315 or A4316.

INHALATION DRUG:
IPRATROPIUM
BROMIDE
(J7645)

HCPCS code, J7645, (ipratropium bromide 0.02% per ml, inhalation solution, administered through DME), is a valid code for billing this drug to Region C DMERC. While the brand name drug, Atrovent, may come available only in 2.5 ml unit dose vials, when billing to the DMERC the number of units billed should be per ml, as 1 ml is the quantity unit defined by the HCPCS code, J7645. The reimbursable price per ml for J7645 is $.75.

If billing for Atrovent, do not round off the number of billing units (1 ml) for each unit dose (2.5 ml); rather, round off only for the total amount of units being billed for the entire billing period. For example, if a patient is using Atrovent through a nebulizer three times per day, and a claim is being submitted for thirty one days, then three unit doses (2.5 ml) x 3 x 31 = 232.5 ml, and a claim for 233 ml (billing units) would be the proper way to bill. Do not round each unit dose to 3 ml and then multiply by 3 and by 31 (279 ml), since this would represent overbilling of Medicare by 46 ml ($34.50).

J7645 should only be used when billing for non-compounded unit dose vials. When ipratropium bromide is compounded, the HCPCS code J7699 must be used, and the word, "compounded," must be clearly stated on the claim.
ANTIEMETIC DRUGS
COVERAGE

Effective with dates of service on or after January 24, 1996, self-administered antiemetic drugs are covered when they are necessary for the administration and absorption of Medicare covered oral anticancer chemotherapeutic agents. At the present time the only covered oral anticancer drugs are cyclophosphamide, etoposide, melphalan and methotrexate.

This article only relates to claims processed by the DMERC for self-administered antiemetic drugs. Claims for parenteral antiemetic drugs administered incident to a physician’s service are processed by the local carrier under different coverage rules.

Self-administered antiemetic drugs are covered when it is likely that the patient will vomit one of the covered oral anticancer drugs if the antiemetic is not administered. Coverage would be limited to antiemetics administered within 2 hours before the oral anticancer drug. Oral preparations or rectal suppositories would be covered. Antiemetics are noncovered when they are given to treat nausea or vomiting which is caused by the oral anticancer drug (or other etiology) but which does not affect the absorption of the anticancer drug. Antiemetics are also noncovered when they are used in conjunction with only parenteral chemotherapy drugs or with noncovered oral anticancer drugs.

The following new codes have been established:

K0415  Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

K0416  Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

These codes are effective for dates of service on or after April 1, 1996. For claims with dates of service from January 24, 1996 through March 31, 1996, use code J3490 - Unclassified drugs.

The claim for these codes must be accompanied by the name of the drug, formulation (e.g., tablet, rectal suppository, etc.), and dosage strength (mg) of each tablet, suppository, etc. Only quantities of these drugs which meet the coverage criteria listed above should be billed using these codes. The claim must also indicate which oral anticancer drug is being used and the prescribed frequency of administration of the anticancer drug. This information should be attached to a hard copy claim or entered in the HAAV record of an electronic claim. The ICD-9 diagnosis code for the cancer should be listed on the claim.

PROSTHETIC
SHEATH/SOCK -
NEW CODE

A new code has been established for a lower extremity prosthesis accessory:

XX015  Prosthetic sheath/sock, including gel cushion layer, below knee or above knee, each

This code is valid for dates of service on or after 4/1/96.

Correct use of this code would include the following products manufactured by Silipos: Silosheath, Silosheath Active, Double Cushion Silosheath, Extra Life Silosheath, Silosheath Plus, Single Socked Gel Liner, Double Soft Socket Gel Liner. Suppliers or manufacturers desiring a coding determination on other products may contact the Statistical Analysis DME Regional Carrier (SADMERC).
NEORAL REMINDER

It has been brought to the attention of Palmetto GBA that the new 1996 Medicode HCPCS book contains a misprint regarding Neoral. The 1996 Medicode book incorrectly lists, on page 123, the HCPCS K0413 for Neoral.

When billing the DMERCs for Neoral, please remember to use HCPCS code K0121.

END STAGE RENAL DISEASE (ESRD) AND MEDICARE SECONDARY PAYER (MSP)

Date for timely filing extended

The Health Care Financing Administration (HCFA) has extended the timely filing period for the End Stage Renal Disease, Medicare Secondary Payer provision of the Omnibus Reconciliation Act 1994 (OBRA 1993), to June 30, 1996.

Initially, HCFA extended the timely filing period for claims with services provided between August 10 and September 30, 1993, until December 31, 1995. According to HCFA all issues surrounding the extension decision have not been finalized. Consequently, HCFA finds it necessary to extend the time period to file claims for services provided between August 10 and September 30, 1993 to June 30, 1996.
DMERC Medicare Advisory Update

- **DMERC Medical Policy Correction:** On page 95-146 of the December 1995 issue of the DMERC Medicare Advisory, an incorrect HCPCS code (J9875) is noted in the drug codes listed. The appropriate HCPCS code which should be listed for Vincristine sulfate, 2 mg is J9375.

- **DMERC Medicare Advisory Correction:** On page 95-162 of the December 1995 issue of the DMERC Medicare Advisory, an incorrect description for HCPCS code J7625 was listed. The correct description for this code is:

  J7625  Albuterol sulfate, 0.5%, per ml, inhalation solution administered through DME (Proventil, Ventolin)

- **DMERC Medicare Advisory Correction:** On page 95-167 of the December 1995 issue of the DMERC Medicare Advisory, the incorrect description for HCPCS code J7503 is listed. The correct description is:

  J7503  Cyclosporine, parenteral, per 50 mg (Sandimmune)

- **DMERC Medicare Advisory Clarification:** On page 95-190 of the December 1995 issue of the DMERC Medicare Advisory several Temporary Level II codes have been assigned to payment categories. Although HCPCS codes K0271-K0276 and K0279 appear in this list and have been assigned to payment categories, these codes are not yet available for submission to the DMERCs.

- **DMERC Medicare Advisory Ombudsman Territory Correction:** On page 95-218 of the December 1995 issue of the DMERC Medicare Advisory, one of the counties listed as a border county for Keith Smith is incorrect. The correct listing of Keith Smith’s Florida territory is listed below:

  Keith Smith covers the northern portion of Florida (including Pinellas, Hillsborough, Polk, Osceola and Brevard counties, and all point north.)

- **DMERC HCPCS Code Correction:** On page 95-191 of the December 1995 issue of the DMERC Medicare Advisory, the 1996 HCPCS Additions listing incorrectly shaded the codes E1800 - E1830 as not available for DMERC use. **Effective January 1, 1996, the following codes are available for submission to the DMERCs:**

  - E1800  Dynamic adjustable elbow extension/flexion device
  - E1805  Dynamic adjustable wrist extension/flexion device
  - E1810  Dynamic adjustable knee extension/flexion device
  - E1815  Dynamic adjustable ankle extension/flexion device
  - E1820  Soft interface material, dynamic adjustable extension/flexion device
  - E1825  Dynamic adjustable finger extension/flexion device
  - E1830  Dynamic adjustable toe extension/flexion device

- **DMERC HCPCS Code Correction:** On page 95-196 of the December 1995 issue of the DMERC Medicare Advisory, an incorrect description is listed for HCPCS codes K0011 and K0012. The correct description for each of these codes is:

  - K0011  Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
  - K0012  Lightweight portable motorized/power wheelchair
**PROFESSIONAL RELATIONS UPDATE**

The following ombudsmen have changed either their address, telephone number, or both. The map of ombudsmen and their territories on page 96-200 of this advisory has also been updated. Please make note of these changes when contacting your area ombudsman.

<table>
<thead>
<tr>
<th>Ombudsman</th>
<th>Territory</th>
<th>New Address</th>
<th>New Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Santoro</td>
<td>TN</td>
<td>1630 Fort Campbell Blvd. Suite 149&lt;br&gt;Clarksville, TN 37042</td>
<td>(615) 905-1131</td>
</tr>
<tr>
<td>Teri Ortiz</td>
<td>South FL</td>
<td>10117 W. Oakland Park Blvd. Suite 424&lt;br&gt;Sunrise, FL 33351-6217</td>
<td>(954) 572-0976</td>
</tr>
<tr>
<td>Adie Fuentes</td>
<td>PR/VI</td>
<td>No Change</td>
<td>(787) 782-0544</td>
</tr>
</tbody>
</table>

**HCPCS CODE UPDATE**

Effective April 1, 1996 the following new temporary Level II codes and Level III DMERC codes are available for submission to the DMERCs.

**Level II - Temporary Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0413</td>
<td>Non-powered adjustable zone pressure-reducing air mattress overlay</td>
</tr>
<tr>
<td>K0414</td>
<td>Powered air overlay for mattress</td>
</tr>
<tr>
<td>K0415</td>
<td>Prescription antiemetic drug, oral, per 1 mg., for use in conjunction with oral anti-cancer drug, not otherwise specified.</td>
</tr>
<tr>
<td>K0416</td>
<td>Prescription antiemetic drug, rectal, per 1 mg., for use in conjunction with oral anti-cancer drug, not otherwise specified.</td>
</tr>
<tr>
<td>K0417</td>
<td>External infusion pump, mechanical, reusable, for short term drug infusion.</td>
</tr>
</tbody>
</table>

**Level III - DMERC Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX015</td>
<td>Prosthetic sheath/sock, including gel cushion layer, below knee or above knee, each.</td>
</tr>
<tr>
<td>XX083</td>
<td>Category IV Enteral Product; 100 Calories = 1 Unit; Renalcal</td>
</tr>
<tr>
<td>XX084</td>
<td>Category IV Enteral Product; 100 Calories = 1 Unit; Pro=Peptide VHN</td>
</tr>
</tbody>
</table>
Tips from Palmetto GBA's Dedicated Work Team designed to help you get your claims processed without delays.

OVERPAYMENTS

Overpayments are Medicare funds a supplier or beneficiary has received in excess of amounts due and payable under the Medicare statute and regulations. Once a determination of overpayment has been made, the amount so determined is a debt owed to the United States Government.

Overpayment Process

1. Supplier or DMERC recognizes an overpayment has occurred.
2. Dedicated Work Team adjusts the claim.
3. Request for refund and self-addressed envelope are sent to the supplier.
4. The supplier has 30 days from the date of the letter to return the refund due.
5. If refund check is not received or the check is not processed within the 30 day time frame, a second request letter is generated on the 31st day.
6. If the check is not received or processed by the 40th day from the date of the first overpayment letter, the overpayment is placed on offset and recouped from future claims payment.

Note: Please use the self-addressed envelope to mail your payment to Palmetto GBA. It is very important to use the envelope enclosed with the overpayment letter. This ensures your payment is sent directly to the accounting department where the check is deposited.

Make checks payable to: Palmetto GBA DMERC
Send checks or refunds to: Palmetto GBA Refunds, P.O. Box 100183, Columbia, SC 29202-3183

If the overpayment area receives your returned refund and the overpayment has previously been satisfied through an offset, a check will automatically be issued to you.

Please do not refund a check prior to receiving an overpayment letter.

For assistance in resolving any overpayments, please contact the Dedicated Work Teams at 803-691-4300.