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## Balanced Budget Act of 1997

### Surety bonds

The Balanced Budget Act (BBA) of 1997 requires that each DMEPOS supplier have a surety bond for services furnished on or after January 1, 1998. HCFA is in the process of working out the details of the bonding requirements, which will be

*continued on page 129*

## Supplier Satisfaction Survey

Palmetto GBA is now conducting our annual supplier satisfaction survey. Survey questionnaires are created and mailed to ten percent (10%) of our active supplier population through our contracting agent, Scarlett and Associates, using a random sampling methodology. Participants in the survey remain anonymous. Scores are tabulated in each of the survey categories and supplier states, and overall satisfaction levels are assessed from the responses provided. Results will be published in the next issue of the *DMERC Medicare Advisory*.

If you receive a survey questionnaire, we appreciate your cooperation and encourage you to complete the survey. Your responses and written comments enable us to focus our efforts on the issues and concerns of greatest importance to you. Our ultimate goal is to improve our service to you, and your feedback is vital to our success.
Nebulizer Equipment Codes

No products

In the Spring Advisory (pp. 97-10-11) the bulletin, “Nebulizer Equipment Coding Guide,” requested that manufacturers submit to the SADMERC those nebulizer compressors and their technical specifications which they believed should be coded as either HCPCS code E0565, K0269, or K0501.

♦ HCPCS code E0565 is a pneumatic aerosol compressor which can be set for pressures above 30 psi at a flow rate of 6–8 liters/minute, and is capable of continuous operation.

♦ HCPCS code K0269 is a pneumatic aerosol compressor which can be set for pressures above 30 psi at a flow rate of 6–8 liters/minute, but is capable only of intermittent operation.

♦ HCPCS code K0501 is a portable compressor which delivers a fixed, low pressure and is used with a small volume nebulizer. It must have battery or DC power capability and may have an AC power option.

The SADMERC reports having received no product descriptions in response to this article. Therefore, the DMERC concludes that there are no products that meet these descriptions. For dates of service on or after 4/1/98 claims for any of these three codes will be rejected as invalid for submission to the DMERC.

Backup Equipment

Backup medical equipment is defined as an identical or similar device that is used to meet the same medical need for the patient but provided for precautionary reasons to deal with emergency in which the primary piece of equipment malfunctions. Medicare does not pay separately or make an additional payment for backup equipment.

When a determination is made that the breakdown or malfunction of a particular piece of equipment will result in immediate life threatening consequences for the patient, Medicare will place that item in the frequent and substantial servicing payment category. For items in this payment category, the supplier receives monthly rental payments for as long as the equipment is medically necessary. However, the supplier is responsible for ensuring there is an appropriate and acceptable contingency plan to address any emergency situations or mechanical failures of the equipment. The expectation is that an acceptable plan would involve input from the patient and the treating physician, and would take into account the severity of the patient’s condition and time restraints in providing emergency support. This means that the supplier is responsible for ensuring that the patient’s medical needs for the use of this equipment will be met on a continuous and ongoing basis, and that there is a plan to deal with any interruptions in the use of the equipment that would be life threatening to the patient. The plan may be as simple as the supplier furnishing backup equipment. However, Medicare will not pay separately and/or make any additional pay-
Backup equipment must be distinguished from multiple medically necessary items which are defined as identical or similar devices, each of which meets a different medical need for the patient. Though Medicare does not pay separately for backup equipment, Medicare may make separate payment for a second piece of equipment if it is required to serve a different purpose as determined by the patient’s medical needs. Examples (not all-inclusive) of situations in which multiple equipment may be covered are:

1) A patient requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., positive pressure ventilator with a nasal mask) during the rest of the day.

2) A patient who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for use while in bed. Without both pieces of equipment the patient may be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, or may not be able to use the medical equipment effectively.

3) A patient requires one type of infusion pump for a particular drug (e.g., a pump with patient control features for parenteral morphine) and needs a different type of pump for another drug (e.g., continuous infusion chemotherapy).

Examples (not all-inclusive) of situations in which a second or other multiple piece of equipment would be considered a backup and, therefore, would not be covered are:

1) A ventilator dependent patient is confined to bed and a second ventilator of the same or similar type is provided at the bedside as a precaution in case of malfunction of the primary ventilator.

2) The drug epoprostenol (Flolan) is administered using an ambulatory infusion pump and a second infusion pump is provided as a precaution in case of malfunction of the primary pump. (Because interruption of a continuous infusion of this drug results in immediate life threatening consequences, a unique code will be established for an infusion pump used to administer this drug and the code will be placed in the frequent and substantial servicing payment category.)
**EPOETIN**

**Coverage reminder**

Criteria for coverage of epoetin (EPO) (HCPCS codes Q9920-Q9940) claims submitted to the DMERC include requirements that:

1) the patient must be on dialysis that is reimbursed under the Method II selection, and

2) the EPO must be supplied by the supplier who provides the patient’s dialysis supplies under Method II.

A beneficiary who chooses Method II deals directly with a supplier of home dialysis equipment and supplies that is not a dialysis facility. There can only be one supplier per beneficiary and the supplier must accept assignment of Medicare benefits for dialysis equipment and supplies. Claims filed to the DMERC for patients who are not on dialysis or are on Method I dialysis (dialysis facility provides dialysis equipment and supplies and bills the Medicare Part A Intermediary), or are on Method II dialysis but the supplier providing the EPO is not the supplier providing the dialysis supplies and equipment will be denied as noncovered.

**Changes in coverage**

Effective for claims with dates of service on or after February 1, 1998, the policy for epoetin (EPO) has changed for dialysis patients. Hematocrit testing must be performed at least on a monthly basis. If the patient’s reported hematocrit is 37% or greater (HCPCS codes Q9937-Q9940) and the 90 day rolling average hematocrit measurement is 36.5% or greater, the claim will be denied as not medically necessary.

Dialysis patients with symptomatic anemia considered for EPO therapy should be treated until the hematocrit reaches a target range of 30-36%. As the hematocrit approaches 36%, administration of EPO should be reduced temporarily. The dosage of EPO required to maintain target hematocrit levels is subject to individual patient variation and should be titrated according to patient response, with a goal of not exceeding a hematocrit level of 36%.

If the reported hematocrit level is 37% or greater, coverage for EPO will be based on a 90 day rolling average hematocrit measurement. If the posted claim history is for a period less than 90 days, the average hematocrit level will be calculated based upon the history for that time period. If claims are submitted out of chronological order, the average hematocrit level will be calculated based on claims for services furnished 90 days before the claim was submitted.

If the rolling average hematocrit measurement is less than 36.5%, the EPO on the billed claim will be allowed. If the rolling average hematocrit measurement is 36.5% or greater, the claim will be denied as not medically necessary.

For beneficiaries residing in altitudes at or above 6,000 feet, a rolling 90 day average of 39.5% or less will be allowed and averages exceeding 39.5% will be denied as not medically necessary.
EPOETIN

Coverage reminder (continued)

Documentation

Claims submitted to the DMERC must include the proper HCPCS code (Q9920–Q9940) that accurately reflects the most recent hematocrit levels prior to the date of service on the claim (no earlier than 1 month prior to the date of service). Each claim must also include the date that test was performed. Report the date of the test with the hard copy claim or in the HAO record, if submitting the claim electronically.

Refer to the Epoetin policy for additional information about coverage requirements, selecting the correct HCPCS code to indicate the patient’s most recent hematocrit, the methodology for converting hemoglobin values to comparable hematocrit values for facilities that use hemoglobin instead of hematocrit to monitor red blood cells in patients with anemia, and additional documentation requirements.

CERTIFICATES OF MEDICAL NECESSITY

Physician coercion

Physicians have complained to the DMERC of efforts by some suppliers to have them change answers about the medical condition of their patients on certificates of medical necessity (CMNs), or to order items of DME only AFTER suppliers have sold them to beneficiaries. Suppliers may not furnish physicians with answers to questions in Section B of CMNs. It is also inappropriate to harass physicians to write orders or sign CMNs for items or services which the physician does not deem medically appropriate.

Suppliers are reminded that they must furnish narrative descriptions of items delivered to beneficiaries as well as their charges to Medicare and Medicare fee schedule allowances in Section C of CMNs, BEFORE PRESENTATION TO PHYSICIANS FOR THEIR REVIEW AND SIGNATURE. The DMERCs are currently conducting audits of CMNs in suppliers’ files as well as surveying physicians to ascertain compliance with this statutory requirement (Social Security Act, §1834[j][2][A]). Suppliers are subject to civil monetary fines of up to $1,000 per offense (each CMN found to be in non-compliance).

Finally, suppliers should also realize that obtaining a physician signature on a CMN does not guarantee Medicare reimbursement, as medical policy coverage criteria must be fulfilled in addition to the physician’s assessment that an item or service is medically necessary.
**HOSPITAL BEDS**

**Extra wide/heavy duty**

Standard hospital beds are billed with HCPCS codes E0250–E0266 or E0290–E0297. Hospital beds with a mattress that is wider than 36" and that can support a patient weighing more than 350 pounds can be submitted using HCPCS miscellaneous code E1399. Initial claims for this type bed must be accompanied by:

1) a Hospital Bed CMN **WHICH MUST INCLUDE THE PATIENT’S WEIGHT AND HEIGHT**,

2) the manufacturer and model/product name/number of the bed, and

3) any additional information which documents the medical necessity for the bed (e.g., reasons why a standard hospital bed is not adequate, etc.).

Items 2 and 3 must be entered in the HAØ record of an electronic claim or attached to a paper claim.

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**SLINGS AND RIB BELTS**

**Noncovered**

Slings (HCPCS code A4565) and rib belts (HCPCS code A4572) belong to neither the category of DME nor orthoses (true braces), but rather are miscellaneous supplies. They are, therefore, not covered by Medicare for reimbursement by the DMERC. For dates of service on or after March 1, 1998, these items will be denied as noncovered.

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**HOME BLOOD GLUCOSE MONITORS**

**Policy revision**

A revision of the policy is included in the accompanying Supplier Manual revisions. This revision clarifies which accessories are included in the allowance for the monitor. It also incorporates a code change from the 1997 HCPCS update.

This revision **DOES NOT** include expanded coverage for glucose monitors contained in the provisions of the Balanced Budget Act of 1997. Details of the possible expanded coverage are being addressed by HCFA and will be published when they are available. It is important to continue to add the ZX modifier to codes for the monitor, accessories, and supplies, but **ONLY** when the order indicates the patient is a diabetic and is being treated with insulin injections.
**INFUSION PUMPS**

**Change of drug**
If the beneficiary begins using an infusion pump for one drug, and subsequently the drug is changed, or another drug is added, then a revised certificate of medical necessity must be submitted for use of the pump with the new or additional drug.

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**JAW MOTION DEVICES**

**Change of jurisdiction** Effective for claims received on or after October 20, 1997, jurisdiction for the following HCPCS codes are changed to the DMERC:

- **E1700** Jaw Motion Rehabilitation System
- **E1701** Replacement Cushions for Jaw Motion Rehabilitation System, Package of 6
- **E1702** Replacement Measuring Scales for Jaw Motion Rehabilitation System, Package of 200

These codes describe manual, hand held, single patient use devices, and are covered by Medicare.

A continuous passive motion (CPM) jaw motion device (electronically controlled) should be billed with **HCPCS Code E1399—Durable Medical Equipment**, miscellaneous. As with all miscellaneous procedure codes, a description of the product (i.e. manufacturer, make, model number) must be submitted with the claim.

In accordance with national Medicare policy, jaw CPM devices and related supplies will be denied as not medically necessary since coverage for CPM is limited to patients who have received a total knee replacement.
Dear Physician:

The following are summaries of the Durable Medical Equipment Regional Carrier’s (DMERC) Regional Medical Review Policy (RMRP) on continuous positive airway pressure systems and osteogenesis stimulators. They describe the equipment, their usual clinical indications, and Medicare’s coverage criteria for reimbursement. Hopefully they will help you to better understand the criteria Medicare uses in adjudicating these claims.

The DMERC strongly believes that the physician is still the “Captain of the Ship.” We require a physician’s order before reimbursing any item. Sometimes we require a Certificate of Medical Necessity (CMN) and extra documentation. While this may inconvenience you with additional paperwork, it is only through your cooperation that Medicare can provide beneficiaries with the equipment and supplies they need. You are also helping to protect the Medicare Trust Fund from abusive and fraudulent claims for items that are not medically necessary or physician-ordered.

The following Physician Information Sheets (PHYSs) are only summaries of the RMRPs published in the DMERC Region C DMEPOS Supplier Manual. The definitive and binding coverage policy will always be the RMRP itself, which reflects national Medicare policy, and upon which actual claims adjudication is based. Physician information sheets are intended only as an effort to educate the physician community on conditions of coverage for items of durable medical equipment, prostheses, orthoses, and supplies when ordered for the care of Medicare beneficiaries.


CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) SYSTEM
Physician Information Sheet

The Durable Medical Equipment Regional Carrier (DMERC) medical review policy on continuous positive airway pressure (CPAP) is based upon HCFA national policy. According to HCFA national policy, CPAP is covered for obstructive sleep apnea (OSA) only. (If a patient suffers with significant ventilatory insufficiency during the sleep state due to central sleep apnea or other respiratory compromise associated with a musculoskeletal or pulmonary condition, a ventilator, rather than CPAP, may be covered.) This is an important distinction for the Medicare program, because CPAP and BiPAP (see descriptions below) cost the Medicare program approximately $100/month or $200/month respectively, which is paid up to the purchase price within approximately one year. However, ventilators used to treat states of sleep-associated respiratory insufficiency other than obstructive sleep apnea, cost the program about $570/month, which is paid indefinitely (because of the need to frequently service these more complex devices).

A CPAP (HCPCS CODE E0601) device uses a generator to provide forced air at a constant pressure via a nasal mask to a sleeping patient, thus preventing the soft oropharyngeal walls from collapsing during REM sleep.

If the patient finds CPAP too disruptive to their sleeping pattern, it may be appropriate to then try BiPAP (HCPCS CODE E0452), which adds the additional feature of decreasing provided air pressure during the expiratory phase of the patient’s respirations, allowing for less resistance to natural exhalation. The increased pressure provided during inspiration still successfully maintains the patency of the airway.

A therapeutic ventilator intended for use less than 12 hours per day (HCPCS CODE E0453) adds the additional feature of setting a backup ventilatory rate, which might be needed for central sleep apnea and other forms of sleep-associated respiratory failure. It may be used to provide non-invasive ventilation with a face mask rather than via a tracheostomy. This latter device, costing Medicare greater than five times as much per month and reimbursing indefinitely, is obviously not necessary for a patient with OSA only, whose spontaneous respiratory rate is unimpaired.

National and therefore DMERC policies cover CPAP for OSA when a polysomnogram, recorded during a minimum of 6–7 hours of sleep, documents at least 30 episodes of apnea lasting at least 10 seconds. At this time, national policy does not cover episodes of hypopnea (decreased respiratory volume or rate), as opposed to episodes of apnea (complete absence of respirations due to oropharyngeal obstruction). The polysomnogram, along with pulmonary function tests and oxygen saturations, must be recorded in a sleep laboratory and be available to the DMERC for subsequent evaluation should they be requested.

The physician is expected to complete a DMERC CMN for CPAP.

The CMN is supposed to show the physician the cost of the items being ordered. The physician question section (Section B) of the CMN is not to have been completed by the supplier. It must be completed, or at least reviewed, signed and dated by the ordering physician.

Based upon the above discussion, the physician is cautioned not to authorize an E0453 if the patient’s condition involves only OSA.
OSTEOGENESIS STIMULATORS
Physician Information Sheet

Osteogenesis stimulators (OS) are devices used to augment bone repair associated with either a healing fracture or bone fusion. OSs may be either electrical or ultrasonic. The ultrasonic type is not reimbursed by Medicare at this time. Electrical OSs may be applied to the spine (spinal electrical OS), or other long bones (non-spinal electrical OS). They may be invasive or non-invasive. The non-invasive type (not implanted) has electrodes placed on the skin or on a cast or brace over the fracture or fusion site. Only claims for the non-invasive types are submitted to the Durable Medical Equipment Regional Carrier (DMERC) for processing.

Non-spinal Non-invasive Electrical
OS (HCPCS CODE E0747)

Non-spinal non-invasive electrical OSs are reimbursed by Medicare DMERC for the following conditions:

> Long bone fracture which has failed to heal: the period of time after which failure is considered to have occurred is six months.

> Long bone fusions which have failed: the period of time after which failure is considered to have occurred is nine months.

> In the treatment of congenital pseudoarthroses (no minimal time requirement after the diagnosis).

Spinal Non-Invasive Electrical
OS (HCPCS CODE E0748)

Spinal non-invasive electrical OSs are reimbursed by Medicare DMERC for the following conditions:

> Failed spinal fusion where a minimum of nine months has elapsed since that fusion surgery; or

> Following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site (that is, more than nine months have passed since attempted fusion surgery at the same level which is being fused again). Here, so long as nine months passed since the failed fusion surgery, this repeated fusion attempt requires no minimum passage of time for the application of the device; or

> Following a multilevel spinal fusion (that is, involving three or more contiguous vertebrae, such as L3-L5 or L4-S1). Here there is no minimum time requirement for application after surgery.

CMN for OS

Physicians who order an OS must complete or review the questions concerning their patient's condition in Section B of the DMERC CMN for Osteogenesis Stimulators (DMERC 04). The newest version of this CMN (04.03) divides its questions between a non-spinal and spinal OS, depending on which type is being ordered.

The supplier should not have furnished the answers to these questions for the physician. The supplier should furnish a narrative description, what is being charged to Medicare, and how much Medicare should allow in Section C of the CMN, that the physician may review before he or she signs the CMN.
BALANCED BUDGET ACT OF 1997

Surety bonds continued (from page 119)

Payment revisions

Effective January 1, 1998, the fee schedule amounts for blood glucose test or reagent strips (HCPCS code A4253) will be reduced by 10 percent (10%), as mandated by the Balanced Budget Act (BBA) of 1997. In addition, blood glucose test or reagent strips will be covered as inexpensive or routinely purchased DME, instead of as supplies, effective July 1, 1998. Furthermore, the fee schedule amounts for oxygen and oxygen equipment will be reduced by 25 percent (25%). Palmetto GBA will reduce the above items’ local fee schedule amounts for areas outside the continental United States by the applicable percentage. These changes will be reflected in the 1998 Region C DMEPOS Fee Schedule Catalog. Other DMEPOS items impacted by the BBA of 1997 include the following:

♦ For 1999 the fee schedule amounts for oxygen and oxygen equipment will be reduced by an additional 5 percent (5%).

♦ The covered item update for DME and surgical dressings is zero percent (0%) for each of the years 1998 through 2002.

♦ The covered item update for prosthetics and orthotics is one percent (1%) for each of the years 1998 through 2002.

♦ Payments for parenteral and enteral nutrients, supplies and equipment for the years 1998 through 2002 may not exceed the 1995 reasonable charge allowables.

♦ Drugs and biologicals will be calculated at ninety-five percent (95%) of the average wholesale price, thus reducing their allowables.

ALLOWABLES REVISED

HCPCS code description changes

HCPCS codes L5840 and L5614 have been revised to include, respectively, endoskeletal and exoskeletal systems only. To reflect these changes, the allowables for these two codes have been revised. The revised fees for HCPCS code L5840 are provided in this publication. The new allowables for HCPCS code L5614 will be published at a later date.
MEDICARE SECONDARY PAYER DENIALS

Help Palmetto GBA pay your Medicare Secondary Payer (MSP) claims.

If you received no payment because you forgot to include the remittance or explanation of benefits information from the primary payer, you may re-file the claim and include that information for faster processing.

If the beneficiary no longer has insurance primary to Medicare, obtain a letter on company letterhead from the former insurer. It should contain the beneficiary’s full name, Social Security number, and the dates the beneficiary was enrolled and then terminated from coverage. Send the letter to Palmetto GBA with a copy of our remittance to:

Palmetto GBA
Medicare Secondary Payer Team-Y
P.O. Box 100209
Columbia, S.C. 29202-3209

Any other MSP claim problems or questions should be directed to the above address, as there are no appeal rights available for MSP denials.

MILLENIUM INITIATIVE

HCFA-1500 instructions revised

As we approach the year 2000, HCFA is embarking on the millennium initiative. This initiative not only changes claims processing, it also changes claims reporting requirements. To accommodate the new millennium, the HCFA-1500’s instructions now require suppliers to include the month, day, century and year (MMDDCCYY) when listing any dates on the form (for example, 01011998). Most of the changes to the instructions are educational and involve items on the HCFA-1500 that require a date. Other changes involve revisions to the printing specifications.

Standard systems and carriers have been required to complete all programming that allows eight-digit dates as of October 1, 1997. Carriers must begin provider education and testing after October 1, 1997. All providers of service and/or suppliers must be in compliance with the revised instructions as of October 1, 1998.

In addition to the millennium changes, the revised HCFA-1500 instructions include:

♦ the addition of a new place of service code and definition (POS code 60, Mass Immunization Center) and

♦ updates based on comments received and program memorandum issued after October 1, 1996. These updates include:

1) the claims reporting instruction for care plan oversight,
MILLENNIUM INITIATIVE

HCFA-1500 instructions revised continued

2) the claims reporting requirements for patients who refuse X-ray procedures, and

3) clarifications to reporting requirements in items 11 and 19.

Moreover, the printing specifications in §2010.4 illustrate once again that the units field (item 24g) can accommodate up to three digits (XXX). For non-millennium changes, standard systems and carriers have been required to complete all programming, testing, and provider educational efforts by October 1, 1997. All providers of service and/or suppliers must be in compliance with these instructions as of October 1, 1997.

The revised instructions for HCFA-1500 form are included in your Region C DMEPOS Supplier Manual revisions, Winter 1997, beginning on page 1.24.

PRIOR AUTHORIZATION

Prior authorization is available before delivery of the following items:

♦ power operated vehicles (POVs)
♦ seat lift mechanisms
♦ purchase, not rental, of transcutaneous electrical nerve stimulators (TENS)

With prior authorization, suppliers are assured that the beneficiary meets the medical necessity criteria for the above items. It does not guarantee, however, that all other Medicare eligibility and coverage requirements are satisfied.

To obtain a prior authorization decision, the beneficiary’s physician should send a completed Certificate of Medical Necessity to:

Prior Authorization Department
Palmetto GBA, Medicare Region C DMERC
P.O. Box 100235
Columbia, S.C. 29202-3235
**ICD-9-CM**

**New codes now accepted**

You may begin using the latest version of ICD-9-CM codes for claims submitted between October 1, 1997, and December 31, 1997. You must use the latest version of codes for claims received on or after January 1, 1998. As always, it is imperative that you code to the highest level of specificity.

If you have not yet obtained the latest ICD-9-CM, you may call any of the following for current prices and ordering procedures. You also can obtain HCPCS and CPT manuals from these companies.

Medicode Inc.  
Book or diskette  
1-800-999-4618

St. Anthony's Publishing  
Book or diskette  
1-800-632-0123

American Medical Association  
Book or diskette  
1-800-621-8335

**INTERNET**

**HCFA-1500 form**

The HCFA-1500 form is not available over the Internet. Because the form is a proprietary document, created by the American Medical Association, it cannot be downloaded from the HCFA website at www.hcfa.gov. However, the HCFA-1500 form can be purchased from the following:

- Government Printing Office at (214) 767-0076
- American Medical Association at (800) 621-8335

**UPIN directories**

In addition, complete UPIN directories are no longer available in book format from your local carrier. They are only available on CD from the United States Government Printing Office. For current prices and ordering information, call (202) 512-1800.

However, you can look up UPINs on the Internet by accessing www.fps.mcw.edu. Select the physician’s state and then type his or her name. The database will give you the specified physician’s UPIN.
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<td>Caruso, Michael Candido</td>
<td>315 E. 19th St., Anniston, Ala. 36207</td>
<td>Family Physician/General Practice</td>
<td>Indefinite</td>
<td>06/04/97</td>
</tr>
<tr>
<td></td>
<td>Kirkpatrick, Troy Frank</td>
<td>104 1st Ave. E., Box 250, Ononta, Ala. 35121</td>
<td>Family Physician/General Practice</td>
<td>5 yrs.</td>
<td>05/05/97</td>
</tr>
<tr>
<td></td>
<td>Simpson, Oscar G.</td>
<td>7400 Madison Pike, Huntsville, Ala. 35806</td>
<td>Family Physician/General Practice</td>
<td>Indefinite</td>
<td>06/04/97</td>
</tr>
<tr>
<td></td>
<td>Young, Irvin</td>
<td>728 60th St., Fairfield, Ala. 35064</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>06/04/97</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Christian, Ruby A.</td>
<td>628 N. Newton, El Dorado, Ark. 71730</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>04/27/97</td>
</tr>
<tr>
<td></td>
<td>Collins, Margie R.</td>
<td>Route 2, Box 204, Lewisville, Ark. 71845</td>
<td>Nurse/Nurses Aide</td>
<td>Indefinite</td>
<td>07/03/97</td>
</tr>
<tr>
<td></td>
<td>Cummings, Corma Jean</td>
<td>235 Plateau St., Hot Springs, Ark. 71901</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>05/25/97</td>
</tr>
<tr>
<td></td>
<td>Bailey, Robin Kamilyah</td>
<td>942 Magnolia St., Magnolia, Ark. 72104-2514</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>07/06/97</td>
</tr>
<tr>
<td></td>
<td>Gibson, Galena Renee</td>
<td>412 N. Albert Pike Ave., Apt. 29, Fort Smith, Ark. 72903-1903</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>07/06/97</td>
</tr>
<tr>
<td></td>
<td>Hardiman, Robert Jr.</td>
<td>Route 4, Box 277, Prescott, Ark. 71857</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>04/27/97</td>
</tr>
<tr>
<td></td>
<td>Oliver, Kevin L.</td>
<td>Route 3, Box 89, Arkadelphia, Ark. 71923</td>
<td>Business Manager</td>
<td>11 yrs.</td>
<td>04/27/97</td>
</tr>
<tr>
<td></td>
<td>Riggins, Jewell</td>
<td>Route 1, Box 45, Parkin, Ark. 72373</td>
<td>Nurse/Nurse's Aide</td>
<td>5 yrs.</td>
<td>04/27/97</td>
</tr>
</tbody>
</table>
Anti-Fraud Unit

Supplier sanctions (continued)

Wheeler, Stepehen Wayne
P.O. Box 383
Clinton, Ark. 72031
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 05/25/97

Willette, Anthony Lon
817 Cypress
North Little Rock, Ark. 72114
Specialty: Employee
(Non-Government)
Period of Exclusion: 5 yrs.
Effective Date: 06/25/97

Williams, Brenda Kaye
1706 Creekwood
Arkadelphia, Ark. 71923
Specialty: Employee
(Non-Government)
Period of Exclusion: 5 yrs.
Effective Date: 07/07/97

Colorado
Andrews, Robert Lee
80-B Weeping Willow Dr.
Denver, Colo. 80901
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: Indefinite
Effective Date: 04/30/97

Grigsby, Michael Verne
5399 Morning Glory Ln.
Littleton, Colo. 80123
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: Indefinite
Effective Date: 07/08/97

Guinn, Shannon Lee
9595 N. Pecos, #518
Thornton, Colo. 80212
Specialty: Accountant/
Bookkeeper/Auditor
Period of Exclusion: 5 yrs.
Effective Date: 06/30/97

Hernandez, Jimmie
2311 Marion St.
Denver, Colo. 80205
Specialty: Health Care Aide
Period of Exclusion: 3 yrs.
Effective Date: 07/03/97

Florida
Andronico, Kenneth Charles
2665 Cleveland Ave., #206
Fort Myers, Fla. 33901
Specialty: Osteopath
Period of Exclusion: Indefinite
Effective Date: 07/10/97

Birt, Carol M.
4461 Cameo Way
South Fort Myers, Fla. 33912
Specialty: Family Physician/
General Practice
Period of Exclusion: Indefinite
Effective Date: 07/02/97

Cassidy, Thomas M.
Federal Prison Camp
Eglin Air Force Base, Fla. 32542
Specialty: Psychiatrist
Period of Exclusion: 10 yrs.
Effective Date: 05/05/97

Cetner, Cherie Latessa
121 S.W. 50th St.
Cape Coral, Fla. 33914
Specialty: Owner/Operator
Period of Exclusion: 5 yrs.
Effective Date: 05/05/97

D’Amico, James
6707 Madison St.
New Port Richey, Fla. 34604
Specialty: Family Physician/
General Practice
Period of Exclusion: Indefinite
Effective Date: 07/07/97

Dahdah, Charles J.
9921 S.W. 20th St.
Miami, Fla. 33165
Specialty: Owner/Operator
Period of Exclusion: 10 yrs.
Effective Date: 07/02/97
**ANTI-FRAUD UNIT**

**Supplier sanctions (continued)**

Diaz, George  
1597 N.W. 168 Ave.  
Pembroke Plains, Fla. 33028  
Specialty: Psychiatrist  
Period of Exclusion: 5 yrs.  
Effective Date: 07/01/97

Mora, Jose (Juan) Ricardo  
1901 S.W. 87th Ave.  
Miami, Fla. 33165  
Specialty: Psychiatrist  
Period of Exclusion: 5 yrs.  
Effective Date: 06/04/97

Opa Locka Drugstore  
C/o 2100 N.E. 211 Terrace  
North Miami Beach, Fla. 33162  
Specialty: Pharmacy  
Period of Exclusion: 5 yrs.  
Effective Date: 07/10/97

Paveza, Gregory J.  
C/o 13301 Bruce B. Downs Blvd.  
Tampa, Fla. 33612-3899  
Specialty: Family Physician/General Practice  
Period of Exclusion: Indefinite  
Effective Date: 07/03/97

Pena, Helen Floyd  
705 Shadow Dr.  
Dade City, Fla. 33525  
Specialty: Owner/Operator  
Period of Exclusion: 5 yrs.  
Effective Date: 07/01/97

Rice, David Vernal  
P.O. Box 879, #44550-019  
Coleman, Fla. 33521-0879  
Specialty: Family Physician/General Practice  
Period of Exclusion: 10 yrs.  
Effective Date: 06/04/97

Roe, Jean K.  
15275 Shoshone Trail  
Brooksville, Fla. 34609  
Specialty: Nurse/Nurse's Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 07/03/97

Wespiser, Kendra Ellen  
926 Sklar Dr. W.  
Venice, Fla. 34293  
Specialty: Nurse/Nurse's Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 07/01/97

**Georgia**

Chatman, Sabrina D.  
5165 Oaktree Trail  
Lithonia, Ga. 30058  
Specialty: Owner/Operator  
Period of Exclusion: 10 yrs.  
Effective Date: 07/07/97

Dominy, Herbert K.  
2680 Hwy. 301 S., 09-120-021  
Jesup, Ga. 31599  
Specialty: Pharmacist  
Period of Exclusion: 10 yrs.  
Effective Date: 07/10/97

Kepler, John Paul  
141 W. Solloman St.  
Griffin, Ga. 30223  
Specialty: Family Physician/General Practice  
Period of Exclusion: Indefinite  
Effective Date: 07/03/97

Moore, Jerry Jan  
P.O. Box 3877, #EF360923  
Jackson, Ga. 30233  
Specialty: Owner/Operator  
Period of Exclusion: 10 yrs.  
Effective Date: 07/01/97

Pfab, Mary  
1 Biscayne Dr. N.W., #802  
Atlanta, Ga. 30355-0742  
Specialty: Optometrist  
Period of Exclusion: Indefinite 07/08/97
**ANTI-FRAUD UNIT**

**Supplier sanctions (continued)**

Pringley, Antonio J.  
346 McMath Mill Rd., #BC366824  
Americus, Ga. 31709  
Specialty: Employee  
Period of Exclusion: 10 yrs.  
Effective Date: 07/07/97

Robinson, Aslean Patterson  
4127 Katrina Ct.  
Decatur, Ga. 30035  
Specialty: Owner/Operator  
Period of Exclusion: 10 yrs.  
Effective Date: 05/05/97

**Kentucky**

Burns, Richard D.  
3829 Stratton Ave.  
Louisville, Ky. 40211  
Specialty: Private Citizen  
Period of Exclusion: 5 yrs.  
Effective Date: 06/04/97

**Louisiana**

Brown, Virginia Baker  
6040 St. Bernard Ave.  
New Orleans, La. 70122  
Specialty: Owner/Operator  
Period of Exclusion: 5 yrs.  
Effective Date: 05/05/97

Buckanan, Angella  
1209 12th St.  
Kentwood, La. 70444  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 05/25/97

Burton, Cynthia Ann  
705 S. Second St.  
Amite, La. 70422  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 04/27/97

Hayes, Cynthia McLemore  
7901 Masters Dr.  
Shreveport, La. 71129  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: Indefinite  
Effective Date: 05/25/97

Jennings, Wanda Kay  
Route 1, Box 185  
Farmerville, La. 71241  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 05/25/97

Jones, Samone Renee  
4109 Pisciotta St., Apt. 6  
Alexandria, La. 71302-5357  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 5 yrs.  
Effective Date: 05/25/97

Joshua, Amanda Beth  
3201 Valewood Dr.  
Shreveport, La. 71108  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 5 yrs.  
Effective Date: 04/27/97

Lee, Patrick Dwayne  
2940 Samford Ave., Apt. 11  
Shreveport, La. 71103  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 05/25/97

Miller, Judith Marie  
1068 N. Ardenwood Dr., Apt. B  
Baton Rouge, La. 70806  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 05/25/97

Nelson, Jimmie M.  
3869 Chinkapin St.  
Harvey, La. 70058  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 3 yrs.  
Effective Date: 06/25/97
**ANTI-FRAUD UNIT**

**Supplier sanctions (continued)**

Nelson, Theodore  
3869 Chinkapin St.  
Harvey, La. 70058  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 3 yrs.  
Effective Date: 06/25/97

O’Neal, Clara Evelyn  
275 A.J’s Ln.  
Pollock, La. 71467  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 04/27/97

Schmidt, Wanda Fisher  
343 Walter Rd.  
River Ridge, La. 70123  
Specialty: Owner/Operator  
Period of Exclusion: 10 yrs.  
Effective Date: 07/02/97

Williams, Herta Ann  
526 Woodard St.  
Alexandria, La. 71302  
Specialty: Allied Health Related  
Period of Exclusion: 5 yrs.  
Effective Date: 07/06/97

Woodard, Tommy  
1921 Elliot St.  
Alexandria, La. 71301  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 5 yrs.  
Effective Date: 04/27/97

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**Mississippi**

Bender, Angela  
50 Shirley Dr.  
Ellisville, Miss. 39437  
Specialty: Health Care Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 03/07/97

Hyatt, Ashley  
711 Royal St.  
Meridian, Miss. 39304  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: Indefinite  
Effective Date: 05/05/97

McGee, Jimmy C. Jr.  
1224 Lucas St.  
Laurel, Miss. 39440  
Specialty: Health Care Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 07/06/97

Millsap, Victor  
62 Friendship Rd.  
Laurel, Miss. 39440  
Specialty: Health Care Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 07/06/97

Roby, Willie Marie  
929 Little St.  
West Point, Miss. 39773  
Specialty: Nurse/Nurse’s Aide  
Period of Exclusion: 3 yrs.  
Effective Date: 02/07/97

Wright, Benji  
1109 Martin Lane Dr.  
Iuka, Miss. 38852  
Specialty: Nurse/Nurses Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 02/07/97

---

**New Mexico**

Dismond, Michael L.  
C/O 1122 Central Ave. S.W.  
Albuquerque, N.M. 87102  
Specialty: Owner/Operator  
Period of Exclusion: 5 yrs.  
Effective Date: 06/25/97

Duran, Juan  
P.O. Box 1059, N.M. Penitentiary  
Santa Fe, N.M. 87502  
Specialty: Employee  
(Non-Government)  
Period of Exclusion: 8 yrs.  
Effective Date: 04/27/97
Suppliers sanctions (continued)

Herman, Peter F.
C/O P.O. Box 4563
Albuquerque, N.M. 87196
Specialty: Employee
(Non-Government)
Period of Exclusion: 10 yrs.
Effective Date: 04/27/97

Sanchez, Arlene
1007 Tomas Court S.W.
Albuquerque, N.M. 87121
Specialty: Business Manager
Period of Exclusion: 5 yrs.
Effective Date: 04/27/97

North Carolina
Coble, Daniel Alexander
P.O. Box 1743
Rockingham, N.C. 28379
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 06/04/97

Hambridge, William R.
801 Pinetree Dr.
New Bern, N.C. 28562
Specialty: Family Physician/
General Practice
Period of Exclusion: 5 yrs.
Effective Date: 06/02/97

Otis, Dolores F.
5224 Brevard Rd.
Hendersonville, N.C. 28739
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 06/04/97

Titus, Allene Costell
821-A Circle Dr.
High Point, N.C. 27262
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 10 yrs.
Effective Date: 07/02/97

Wangeldin, Robert L.
3200 Northern Ave., Ste. 640
Greensboro, N.C. 27408
Specialty: Psychiatrist
Period of Exclusion: Indefinite
Effective Date: 06/04/97

Oklahoma
Amam, Jason Paul
518 W. 7th St.
Chelsea, Okla. 74016
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/03/97

Antrim, Ruthie Doreen
639 1/2 E. Blackwell
Blackwell, Okla. 74631
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/03/97

Baird, Coral N.
415 N.W. 8th St.
Oklahoma City, Okla. 73102
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/03/97

Brewer, Amy Marie
30 H St. N.W.
Miami, Okla. 74354
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 05/25/77

Gehay, Margaret
624 E. Main
Enid, Okla. 73701
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 04/27/97

Ketner, Kevin Louis
2856 Shields Blvd., Rm. 10
Moore, Okla. 73160
Specialty: Allied Health Related
Period of Exclusion: 5 yrs.
Effective Date: 07/06/97
Anti-Fraud Unit

Supplier sanctions (continued)

Lucas, Charlene G.
1849 E. 46th St. N.
Tulsa, Okla. 74130
Specialty: Allied Health Related
Period of Exclusion: 5 yrs.
Effective Date: 05/25/97

Lucas, Melissa Ann
P.O. Box 102
Cameron, Okla. 74932
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 05/25/97

Smith, Monica D.
2820 Justin Pl.
Spencer, Okla. 73084
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 10 yrs.
Effective Date: 05/25/97

Wauddy, Delsierec Ann
3827 Adair
Spencer, Okla. 73084
Specialty: Employee
(Non-Government)
Period of Exclusion: 5 yrs.
Effective Date: 07/06/97

Puerto Rico
Rosado, Hector L.
B019 Calle Ursula Cardona
Ponce, P.R. 00731
Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 05/22/97

South Carolina
Chung, Dongha H.
P.O. Box 2663
Anderson, S.C. 29622
Specialty: Family Physician/
General Practice
Period of Exclusion: 10 yrs.
Effective Date: 05/05/97

Edwards, Dwayne E.
P.O. Box 2619
Aiken, S.C. 29802
Specialty: Owner/Operator
Period of Exclusion: 5 yrs.
Effective Date: 05/05/97

Guthrie, John R.
216 Beechwood Dr.
Spartanburg, S.C. 29307-2949
Specialty: Osteopath
Period of Exclusion: 3 yrs.
Effective Date: 06/02/97

Younger, David L.
383 Grove St.
Charleston, S.C. 29403-3513
Specialty: Physician Assistant
Period of Exclusion: Indefinite
Effective Date: 07/01/97

Tennessee
Grimsley, Mark S.
N. Park Professional Bldg., #402
Hixon, Tenn. 37343
Specialty: Family Physician/
General Practice
Period of Exclusion: Indefinite
Effective Date: 06/04/97

McDaniel, Donnie Earl
495 Hwy. 203
Savannah, Tenn. 38372
Specialty: Sales/Marketing/
Retailing
Period of Exclusion* 5 yrs.
Effective Date: 07/03/97

Richards, Aubrey
212 Barrett St.
Bolivar, Tenn. 38008
Specialty: Family Physician/
General Practice
Period of Exclusion: Indefinite
Effective Date: 06/04/97
ANTI-FRAUD UNIT

Supplier sanctions (continued)

Texas

Bradley, Lulitissue
505 Spruce St.
Marshall, Texas 75670
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/03/97

Cantu, Trinidad B.
1829 Lorraine Dr.
Corpus Christi, Texas 78416
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 05/25/97

Carter, Stephen
1406 Cedar Oaks Blvd.
Dallas, Texas 75216
Specialty: Accountant/
       Bookkeeper/Auditor
Period of Exclusion: 5 yrs.
Effective Date: 07/06/97

Collins, Stacey Bernard
515 Waterman St.
Texarkana, Texas 75501
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/02/97

Dodd, Judy L.
Route 3, Box 23
Daingerfield, Texas 75638
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/03/97

Grossman, Steve C.
18528 Highland Creek Ln.
Dallas, Texas 75252
Specialty: Owner/Operator
Period of Exclusion: 3 yrs.
Effective Date: 07/07/97

Hawkins, Richard I.
5541 Bong Dr.
Fort Worth, Texas 76112
Specialty: Nurse/ Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 06/25/97

Hines, Charles Edward
2006 Hemphill St., Apt. 2
Fort Worth, Texas 76110
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 04/27/97

Kastner, Aaron
16511 Loch Maree Ln.
Dallas, Texas 75248
Specialty: Family Physician/
       General Practice
Period of Exclusion: 10 yrs.
Effective Date: 04/27/97

Miller, Nancy Nelda (Niola)
821 Fannin St.
Columbus, Texas 78934
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/02/97

Molter, Jimmie Ray Jr.
610 Tanya
Fredricksburgh, Texas 78624
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 10 yrs.
Effective Date: 04/27/97

Nelson, Robert
1104 Girard
San Marcos, Texas 78666
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 05/25/97
ANTI-FRAUD UNIT

Supplier sanctions (continued)

Rico, Laura Francis
312 E. Hackberry
Clifton, Texas 76634
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/06/97

Risinger, Carol
1503 Bradford Pl.
Mesquite, Texas 75149-6747
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/06/97

Shelton, Deborah Adams
Route 1, Box 403
Brownwood, Texas 76801
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/02/97

Simmons, Cheryl Scoby
P.O. Box 227137, #86694-020
Fort Worth, Texas 76127
Specialty: Owner/Operator
Period of Exclusion: 10 yrs.
Effective Date: 05/19/97

Stevens, Marilyn
Route 2, Box 247
Luling, Texas 78648
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 07/02/97

Weisinger, Jerry
Route 1, Box 1171
Athens, Texas 75751
Specialty: Nurse/Nurse’s Aide
Period of Exclusion: 5 yrs.
Effective Date: 04/27/97

Supplier reinstatement actions

Alabama
Ferrell, Matthew Bruce
9772 Pky. E.
Birmingham, Ala. 35215
Specialty: Family Physician/
General Practice
Sanction Date: 06/11/96
Reinstatement Date: 04/21/97

Kilpatrick, Troy Frank
104 1st Ave. E., Box 250
Ononta, Ala. 35121
Specialty: Family Physician/
General Practice
Sanction Date: 05/05/97
Reinstatement Date: 05/05/97

Colorado
Nicklas, Lisa Ann
C/O 1827 N. Ogden
Pueblo, Colo. 81001
Specialty: Podiatrist
Sanction Date: 03/19/96
Reinstatement Date: 06/13/97

Romero, Ernest F.
1114 Macon Ave.
Canon City, Colo. 81212
Specialty: Osteopath
Sanction Date: 02/04/92
Reinstatement Date: 06/02/97

Florida
Bertoncelini, Betty J.
16906 Tobacco Rd.
Lutz, Fla. 33549
Specialty: Family Physician/
General Practice
Sanction Date: 12/02/93
Reinstatement Date: 04/14/97

Bravo, Enrique
10209 S.W. 2 St.
Sweetwater, Fla. 33174
Specialty: Optician
Sanction Date: 06/14/89
Reinstatement Date: 05/08/97

Bravo Optical Shop
C/O 9755 S.W. 4 Terrace
Miami, Fla. 33174
Specialty: Optical Practice
Sanction Date: 06/14/88
Reinstatement Date: 05/08/97
Georgia
Barnes, William T.
1751 Forest Hill Rd.
Macon, Ga. 31210
Specialty: Family Physician/General Practice
Sanction Date: 03/11/94
Reinstatement Date: 06/23/97

Kentucky
Pelmore, Janet C.
2717 Langdon Dr.
Louisville, Ky. 40241
Specialty: Family Physician/General Practice
Sanction Date: 11/17/96
Reinstatement Date: 05/08/97

Mississippi
Carpenter, Charles
Route 1, Box 185-E
Greenwood, Miss. 38930
Specialty: Nurse/Nurse’s Aide
Sanction Date: 08/09/92
Reinstatement Date: 04/04/97

North Carolina
Richardson, Reginald B.
C/o 1028 W. 5th St.
Charlotte, N.C. 28202
Specialty: Podiatrist
Sanction Date: 04/15/97
Reinstatement Date: 05/22/97

South Carolina
Foster, Heyward J.
4328 Hwy. 86
Easley, S.C. 29642
Specialty: Podiatrist
Sanction Date: 05/04/94
Reinstatement Date: 05/22/97

Tennessee
Marsh, Cozell S.
1531 Ellington St.
Memphis, Tenn. 38108
Specialty: Nurse/Nurse’s Aide
Sanction Date: 06/24/92
Reinstatement Date: 06/05/97

Texas
Clabo, Carolyn Ann
2107 Ave. B
Brownwood, Texas 76801
Specialty: Nurse/Nurse’s Aide
Sanction Date: 05/24/90
Reinstatement Date: 05/22/97
1998 HCPCS CODES UPDATE

The following are additions, short-description changes and deletions to the HCPCS codes for 1998. Suppliers may begin using new 1998 codes with dates of service 1/1/98 and after. A grace period of 90 days, from 1/1/98 to 4/1/98, is granted for transition to the use of new codes, during which time suppliers may use 1997 HCPCS codes for 1998 dates of service. On or after April 1, 1998, the new 1998 HCPCS codes must be used for claims with 1998 dates of service. Claims received on or after April 1, 1998, using obsolete HCPCS codes for dates of service in 1998 will be rejected.

HCPCS code additions (effective 1/1/98)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4462</td>
<td>Abdominal dressing holder/binder, each</td>
</tr>
<tr>
<td>E0371</td>
<td>Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (replaces HCPCS code K0413)</td>
</tr>
<tr>
<td>E0372</td>
<td>Powered air overlay for mattress, standard mattress length and width (replaces HCPCS code K0414)</td>
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<tr>
<td>E0373</td>
<td>Nonpowered advanced pressure reducing mattress (replaces HCPCS code K0454)</td>
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<tr>
<td>E0855</td>
<td>Cervical traction equipment not requiring additional stand or frame</td>
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<tr>
<td>J0207</td>
<td>Injection, amifostine, 500 mg</td>
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<tr>
<td>J0740</td>
<td>Injection, cidofovir, 375 mg</td>
</tr>
<tr>
<td>J1325</td>
<td>Injection, epoprostenol, 0.5 mg</td>
</tr>
<tr>
<td>J1565</td>
<td>Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg</td>
</tr>
<tr>
<td>J1626</td>
<td>Injection, granisetron hydrochloride, 100 mcg</td>
</tr>
<tr>
<td>J1742</td>
<td>Injection, ibutilide fumarate, 1 mg</td>
</tr>
<tr>
<td>J9170</td>
<td>Docetaxel, 20 mg</td>
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<tr>
<td>J9201</td>
<td>Gemcitabine HCL, 200 mg</td>
</tr>
<tr>
<td>J9206</td>
<td>Irinotecan, 20 mg</td>
</tr>
<tr>
<td>J9350</td>
<td>Topotecan, 4 mg</td>
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<tr>
<td>K0455</td>
<td>Infusion pump used for uninterrupted administration of epoprostenol</td>
</tr>
<tr>
<td>L0999</td>
<td>Addition to spinal orthosis, not otherwise specified</td>
</tr>
<tr>
<td>L1843</td>
<td>KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted</td>
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<tr>
<td>L2035</td>
<td>KAFO, full plastic, static, prefabricated (pediatric size)</td>
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<tr>
<td>L5826</td>
<td>Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame</td>
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HCPCS code deletions (effective 12/31/97)

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<th>Code</th>
<th>Description</th>
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<tr>
<td>J1625</td>
<td>Injection, granisetron hydrochloride, per 1 mg</td>
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<tr>
<td>K0413</td>
<td>Non-powered, advanced pressure-reducing overlay for mattress, standard mattress length and width (replaced by HCPCS code E0371)</td>
</tr>
<tr>
<td>K0414</td>
<td>Powered air overlay for mattress, standard mattress length and width (replaced by HCPCS code E0372)</td>
</tr>
<tr>
<td>K0454</td>
<td>Non-powered, advanced pressure-reducing mattress (replaced by HCPCS code E0373)</td>
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HCPCS code description changes (effective 1/1/98)

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>A4800</td>
<td>Heparin for dialysis and antidote, any strength, porcine or beef, up to 1000 units, 10-30 ml (for parenteral use sec B4216</td>
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<tr>
<td>A5113</td>
<td>Leg strap; latex, replacement only, per set</td>
</tr>
<tr>
<td>A5114</td>
<td>Leg strap; foam or fabric, replacement only, per set</td>
</tr>
</tbody>
</table>
1998 HCPCS CODES UPDATE

HCPCS code description changes continued (effective 1/1/98)

A6261  Wound filler, gel/paste, per fluid ounce, not elsewhere classified
A6262  Wound filler, dry form, per gram, not elsewhere classified
B4150  Enteral formulae; Category I: semi-synthetic intact protein/protein isolates, 100 calories=1 unit
B4151  Enteral formulae; Category I: natural intact protein/protein isolates, 100 calories=1 unit
B4152  Enteral formulae; Category II: intact protein/protein isolates (calorically dense), 100 calories=1 unit
B4153  Enteral formulae; Category III: hydroziled protein/amino acid, 100 calories=1 unit
B4154  Enteral formulae; Category IV: defined formula for special metabolic need, 100 calories=1 unit
B4155  Enteral formulae; Category V: modular components (protein, carbohydrates, fat), 100 calories=1 unit
B4156  Enteral formulae; Category IV: standardized nutrients, 100 calories=1 unit
E0159  Brake attachment for wheelchair, replacement, each
E0178  Gel or gel-like pressure pad or cushion, nonpositioning
E0185  Gel or gel-like pressure pad for mattress, standard mattress length and width
E0192  Low pressure and positioning equalization pad, for wheelchair
E0197  Air pressure pad for mattress, standard mattress length and width
E0198  Water pressure pad for mattress, standard mattress length and width
E0199  Dry pressure pad for mattress, standard mattress length and width
E0277  Powered pressure-reducing air mattress
E0370  Air pressure elevator for heel
L1499  Spinal orthosis, not otherwise specified
L2999  Lower extremity orthosis, not otherwise specified
L3999  Upper limb orthosis, not otherwise specified
L5999  Lower extremity prosthesis, not otherwise specified
L7499  Upper extremity prosthesis, not otherwise specified

Local HCPCS code deletions (effective 1/1/98)

The following local HCPCS codes will no longer be valid when billing enteral nutrients for dates of service 1/1/98 and after. The grace period for this change expires 12/31/97. For claims with dates of service prior to 1/1/98, the XX codes should continue to be used. CLAIMS RECEIVED USING THESE XX HCPCS CODES FOR DATES OF SERVICE 1/1/98 AND AFTER FOR ENTERAL NUTRIENTS WILL BE REJECTED.

XX030  Accuped HPF  use HCPCS code B4154
XX031  Amin-Aid  use HCPCS code B4154
XX032  Entera OPD  use HCPCS code B4154
XX033  Glucerna  use HCPCS code B4154
XX034  Hepatic Aid  use HCPCS code B4154
XX035  Impact  use HCPCS code B4154
XX036  Impact with Fiber  use HCPCS code B4154
XX037  ImunAid  use HCPCS code B4154
XX038  Lipisorb  use HCPCS code B4154
XX039  Nepro  use HCPCS code B4154
**1998 HCPCS Codes Update**

*Local HCPCS code deletions continued (effective 1/1/98)*

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<th>Code</th>
<th>Product</th>
<th>New Code/Replacement</th>
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<td>XX040</td>
<td>Replete</td>
<td>use HCPCS code B4154</td>
</tr>
<tr>
<td>XX041</td>
<td>Replete with Fiber</td>
<td>use HCPCS code B4154</td>
</tr>
<tr>
<td>XX042</td>
<td>NutrifHep</td>
<td>use HCPCS code B4154</td>
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<tr>
<td>XX043</td>
<td>Nutrivent</td>
<td>use HCPCS code B4154</td>
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<td>XX044</td>
<td>Peptamen</td>
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<td>XX045</td>
<td>Perative</td>
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<td>XX046</td>
<td>Pregestimil</td>
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<td>XX047</td>
<td>ProtainXL</td>
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<tr>
<td>XX048</td>
<td>Provide</td>
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<tr>
<td>XX049</td>
<td>Pulmocare</td>
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<td>XX050</td>
<td>Reabilan HN</td>
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<tr>
<td>XX051</td>
<td>Suplena (Replena)</td>
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<td>XX052</td>
<td>Stresstein</td>
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<td>XX053</td>
<td>Traumacal</td>
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<td>XX055</td>
<td>Travasorb Hepatic</td>
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<td>XX056</td>
<td>Travasorb MCT</td>
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<tr>
<td>XX057</td>
<td>Travasorb Renal</td>
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<td>XX058</td>
<td>Vivonex T.E.N.</td>
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<tr>
<td>XX059</td>
<td>Casec</td>
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<tr>
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<td>Promix</td>
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<td>XX075</td>
<td>Diabetasource</td>
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<td>XX076</td>
<td>Isosource VHIN</td>
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<td>XX077</td>
<td>Vivonex Plus</td>
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<td>XX078</td>
<td>SandoSource Peptide</td>
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<td>L-Emental Plus</td>
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<td>XX081</td>
<td>Peptamen VHP</td>
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<td>XX082</td>
<td>Impact 1.5</td>
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<td>XX083</td>
<td>Renalcal</td>
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<td>XX084</td>
<td>Pro-Peptide VHIN</td>
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</table>
HCPCS CODE E0185

Puerto Rico allowables revised

The Region C DMERC has reviewed the Local Carrier base fees for HCPCS code E0185 (gel or gel-like pad for mattress) for Puerto Rico and determined that they are unreasonable. Because only one pricing source was available to the previous carrier when gap-filling the base fees for this code, the fee established was highly inflated. Several different products meet the definition of E0185, which is not a product-specific code. Therefore, we have used sources classified under E0185 to recalculate and correct the base fees. The final 1998 allowables appear below. They are effective January 1, 1998. These new allowables will be applied to covered claims for all 1998 dates of service received on or after January 1, 1998.

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<tr>
<th>Code</th>
<th>Allowable</th>
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<td>E0185NU</td>
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<tr>
<td>E0185RR</td>
<td>$26.71</td>
</tr>
<tr>
<td>E0185UE</td>
<td>$200.08</td>
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</tbody>
</table>

Initial notice of inherent reasonableness

The Region C DMERC has reviewed the Local Carrier base fees for HCPCS code E0185 (gel or gel-like pad for mattress) and determined that they are either deficient or excessive. We have provided information reflecting our proposed changes for your review, with proposed fees listed on the following page.

The law, under §1842(b)(8)(A) of the Social Security Act, allows the application of inherent reasonableness to reasonable charges that are determined to be either grossly excessive or grossly deficient. The 1989 local carrier base fees were developed using either 1986 reasonable charge data or gap-filling. Therefore, revisions to establish a realistic and equitable fee must be applied to the 1986 data. Our base fee revisions are derived using retail catalog price lists for this same period. If sources are not available, we use the earliest available catalogs that contain sources for codes under review.

The revised base fees will be indexed to the 1998 fee screen year using the annual covered item update factors below. In addition, national floor and ceiling limitations will be applied prior to establishing the final fees.

<table>
<thead>
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<th>Covered item update factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME/OTHER</td>
</tr>
<tr>
<td>P&amp;O</td>
</tr>
</tbody>
</table>

You have thirty days to submit any comments regarding these changes. Your comments must be received by February 1, 1998. Remember, it is not the Health Care Financing Administration's intention to pay for deluxe or personal comfort items. When submitting comments include supporting documentation that best reflects the 1986/1987 historical charge data base period. Please send all comments to:

Pricing Unit
Inherent Reasonableness AB-175
Palmetto GBA
P.O. Box 100190
Columbia, SC 29202-3190
**HCPCS Code E0185**

*Initial notice of inherent reasonableness (continued)*

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<td>E0185</td>
<td>NU</td>
<td>Gel or gel-like pressure pad for mattress</td>
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</table>

The proposed 1998 fee is the end result of calculations described in paragraph 3 of the preceding page. These are not the final fees for 1998. Final fees will be limited by the national floors and ceilings.

**NOTE:** Not all states are impacted by the proposed change.
**DRUG UPDATE**  
Allowables are revised quarterly. Currently, the following drugs are among those which meet requirements for coverage under OBRA '93. Inclusion or exclusion of an allowable amount for an item or service does not imply Medicare coverage.

**Oral anti-cancer**

Use the specified National Drug Code numbers to bill for the above oral anti-cancer drugs. (Unlike other drugs billable to the DMERC, oral anti-cancer drugs are not submitted with HCPCS codes.)

### Immunosuppressive drugs

<table>
<thead>
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**NOTE:** These price lists outline allowables as of October 1, 1997, for drugs billable to the DMERC. The listing of a HCPCS drug code along with its allowable(s) does not constitute coverage for that HCPCS code by Palmetto GBA. All drugs reimbursable as DMEPOS items (i.e. immunosuppressive, bronchodilator drugs and other DMEPOS drugs) are reimbursable based on the national average wholesale price of the drug. If a drug has multiple sources, the median of the average national wholesale generic prices is used (Region C DMEPOS Supplier Manual, 7/96 revision, page 6.3).
**Fee Changes**

These HCFA third quarter updated fees supersede allowances previously published in the 1997 Region C DMEPOS Fee Schedule Catalog and/or advisories published earlier in 1997. The prices will apply to claims processed on or after **October 15, 1997**, for dates of service January 1, 1997 and after.

### 1997 fee schedule changes

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*NOTE: The listing of a HCPCS code along with its allowable does not constitute coverage for that HCPCS code by Palmetto GBA.*
Appeals

♦ How many months does a supplier have to request a review for denied or reduced claims?

A provider has six months from the date of the explanation of benefits to request a review.

♦ Instead of requesting a review, can a supplier include additional or missing medical documentation and refile the claim as a new claim?

If the claim denied and the supplier did not receive any payment, then yes, he/she may refile the claim as a new claim with the documentation attached.

Certificates of medical necessity

♦ When should suppliers begin using the revised CMNs for wheelchairs (manual and power), osteogenesis stimulators, lymphedema pumps, and oxygen?

Suppliers may begin using the revised forms October 1, 1997. The new CMNs are not required until April 1, 1998, for all claims received on or after 4/1/98.

♦ Are CMNs for capped rental items considered lifetime if the physician indicates a length of need of 12 months or greater?

CMNs for capped rental items with a length of need of 12 months or greater are set up for the full capped rental period, including maintenance. Anything with less than 12 months is set up as submitted, and would have to be revised to extend the length of need.

Oxygen

♦ If a patient remains in the Group 2 oxygen category (ABG 56–59 mm Hg or SAT 89%) at the three-month recertification, is further recertification required?

No. After initial certification, Group 2 oxygen category requires recertification at three months with re-testing. If the patient remains in Group 2 after re-testing, coverage would continue and further recerts would not be required unless requested by the DMERC.

♦ If a Group 2 oxygen patient is re-tested at a time other than during the required 61st–90th day, may those test results be used for recertification?

No. Policy specifically states that the patient must be re-tested between days 61–90 of home oxygen therapy. If this is not done, the patient must start all over again with initial certification.

♦ When will the oxygen reductions go into effect? What is the percentage of the reduction for the allowable?

A 25% reduction in the oxygen allowable will be effective January 1, 1998.

Claims

♦ When should a supplier file a hard copy claim versus an EMC claim?

Suppliers should file claims electronically whenever possible. The only time a claim would have to be filed hard copy is if required by policy or if the additional documentation would not fit into the electronic narrative (HAI) record.
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The following is a list of topics addressed in the 1996 and 1997 DMERC Medicare Advisories. The list is alphabetized for your convenience and includes page numbers for easy reference of the articles in which these subjects appeared. Remember the “96” and “97” prefixes indicate the year in which the DMERC Medicare Advisory was published.

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**Ombudsmen Addresses and Their Territories**

**Alabama**
Lia Bunch  
P.O. Box 146  
Union Grove, Ala. 35175  
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**Arkansas/Oklahoma**
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Manatee, Hardee, Highlands, Okeechobee, and Indian
River counties, and all points south)
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Sunrise, Fla. 33351-6217  
(954) 572-0976

**Florida (north)**
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include Pinellas, Hillsborough, Polk, Osceola and
Brevard counties, and all points north)
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Jacksonville, Fla. 32223  
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Raleigh, N.C. 27624-7424  
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(803) 735-1034, Ext. 35726

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Ave. Esmeralda #53  
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Urb. Muñoz Rivera  
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In the interim contact
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Horseshoe Bay, Texas 78657  
(830) 598-4882

Ombudsmen investigate complaints, report findings and facilitate problem solving through training and education of the supplier community.
### Region C Directory

Please retain this list as your new DMERC telephone directory.

**Palmetto GBA contacts**

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<tr>
<td><strong>Mailing Address</strong></td>
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<tr>
<td>Anti-Fraud Unit</td>
<td>(803) 788-5414</td>
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<td>Palmetto GBA, Medicare Region C DMERC</td>
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<tr>
<td>P.O. Box 100236</td>
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<tr>
<td>Columbia, S.C. 29202-3236</td>
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<tr>
<td>Dedicated Work Teams/ DMERC General Information</td>
<td>(803) 691-4300</td>
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<tr>
<td>Electronic Data Interchange (EDI)</td>
<td>(803) 788-9751</td>
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<tr>
<td>P.O. Box 100145</td>
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<td>Columbia, S.C. 29202-3145</td>
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<tr>
<td>Hearings Department*</td>
<td>(803) 691-4300</td>
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<tr>
<td>P.O. Box 100249</td>
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<tr>
<td>Columbia, S.C. 29202</td>
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<tr>
<td>Prior Authorization Department*</td>
<td>(803) 691-4300</td>
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<tr>
<td>Professional Relations Department</td>
<td>(803) 735-1034, ext. 35744</td>
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<tr>
<td>P.O. Box 100141</td>
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*I Inquiries regarding hearings or Prior Authorization should be directed to the Dedicated Work Teams.*

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<td>National Supplier Clearinghouse (NSC)</td>
<td>(803) 754-3951</td>
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<td>P.O. Box 100142</td>
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<td>Columbia, S.C. 29202-3142</td>
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<tr>
<td>Region A DMERC</td>
<td>(717) 735-9445</td>
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<tr>
<td>Region B DMERC</td>
<td>(317) 577-5722</td>
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<tr>
<td>Region D DMERC</td>
<td>(615) 251-8182</td>
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<tr>
<td>Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)</td>
<td>(803) 736-6809</td>
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<td>Palmetto GBA</td>
<td></td>
</tr>
<tr>
<td>400 Arbor Lake Drive, Suite A 900</td>
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<td>American Association of Retired Persons</td>
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<tr>
<td>AKA</td>
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<tr>
<td>ALJ</td>
<td>Administrative law judge</td>
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<td>ANSI</td>
<td>American National Standards Institute</td>
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<td>ARU</td>
<td>Audio response unit</td>
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<td>AWP</td>
<td>Average wholesale price</td>
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<td>CPAP</td>
<td>Continuous positive airway pressure</td>
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<td>CPM</td>
<td>Continuous passive motion</td>
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<td>Durable medical equipment, prosthetics, orthotics and supplies</td>
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<td>Durable Medical Equipment Regional Carrier</td>
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