Comments and suggestions are welcome. Please direct them to Communications Specialists in the Professional Relations Department at the address listed above.
**CUSTOM BREAST PROSTHESES**

A new HCPCS code has been established for a breast prosthesis:

L8035  **Custom breast prosthesis, post mastectomy, molded to patient model.**

This HCPCS code is effective for claims with date of service on or after January 1, 1999.

A custom fabricated prosthesis is one which is individually made for a specific patient, starting with basic materials. A molded-to-patient-model breast prosthesis is a particular type of custom fabricated prosthesis which is molded upon an impression taken of the patient's chest wall.

Compared to a prefabricated silicone breast prosthesis (HCPCS code L8030), the additional features of a custom fabricated prosthesis are not considered medically necessary. Therefore, if an L8035 breast prosthesis is provided to a patient who has had a mastectomy, payment will be based upon the allowance for the least costly medically appropriate alternative, HCPCS code L8030.

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**NEW HCPCS CODE FOR POST MASTECTOMY UNDERGARMENT**

A new HCPCS code has been established for billing post mastectomy undergarments to the DMERC. The new HCPCS code is:

L8015  **External Breast Prosthesis Garment, with mastectomy form, post-mastectomy.**

The code describes a camisole type garment with polyester fill. This item is covered for use in the postoperative period prior to the permanent breast prosthesis or as an alternative to a mastectomy bra (HCPCS code L8000) and breast prosthesis (HCPCS codes L8020 - L8039). This HCPCS code is effective for claims with dates of service on or after January 1, 1999.

For additional information and documentation requirements, please refer to the "External Breast Prosthesis" policy in the Region C DME-POS Supplier Manual.

---

**HEAT AND MOISTURE EXCHANGER FOR USE WITH INVASIVE MECHANICAL VENTILATION**

Effective for claims with dates of service on or after January 1, 1999, a new HCPCS code has been established for a disposable moisture exchanger used with invasive mechanical ventilation. The new HCPCS code is:

A4483  **Moisture exhanger, disposable, for use with invasive mechanical ventilation.**

HCPCS code A4483 is used for patients on an invasive mechanical ventilator (HCPCS code E0450) in the home setting. HCPCS code
**Heat and Moisture Exchanger (continued)**

E0450 is a rental item in the frequent and substantial servicing category, therefore, HCPCS code A4483 will be denied as not separately payable.

---

**New HCPCS Code for Morphine Sulfate**

Effective for claims with dates of service on or after January 1, 1999, a new HCPCS code has been developed for morphine sulfate. The new HCPCS code is:

**J2271 Injection, morphine sulfate, 100 mg**

Coverage for morphine sulfate is dependent upon the use of an external infusion pump when used in the treatment of intractable pain caused by cancer. Currently, there are two HCPCS codes (J2270 and J2275) that are valid and remain in effect to bill for morphine in 10 mg increments. In order to facilitate processing of claims for this drug for patients requiring higher doses, a new HCPCS code J2271 was created.

For additional information, please refer to the "External Infusion Pump" policy in the Region C DMEPOS Supplier Manual.

---

**Prostheses - Documentation Requirement Reminder**

When submitting claims to the DMERC, the billed code for knee, foot, and ankle prosthetic components must be submitted with modifiers K0-K4. The modifiers are required to indicate the functional level of beneficiaries for coverage purposes for the following HCPCS codes:

- L5610-L5616
- L5710-L5780
- L5810-L5840
- L5970-L5981
- L5982-L5986

The presence of a modifier is not sufficient by itself to document the functional level. A detailed narrative description of the patient's functional ability must be clearly documented in the prosthetist's records and be available to the DMERC upon request.
NEW HCPCS CODES FOR AMPHOTERICIN B

A new HCPCS code has been established for any formulation of Amphotericin B lipid complex. The new HCPCS code

J 0286 Injection, Amphotericin B, any lipid formulation, 50 mg

is effective for claims with dates of service on or after January 1, 1999. Currently, there are three liposomal preparations of Amphotericin B being manufactured. They are:

Abelcet
Amphotec
Ambisome

If a manufacturer or supplier thinks that another product meets the definition of this HCPCS code, they must contact the Statistical Analysis DME Regional Carrier (SADMERC) for a written coding determination.

Liposomal Amphotericin B is covered for patients who have suffered some significant toxicity that would preclude the use of standard Amphotericin B and are unable to complete their course of therapy without the liposomal form. In addition, the liposomal form is covered for patients who have impaired hepatic function. Claims for liposomal Amphotericin B will be considered for coverage according to the payment and coverage rules outlined in the "External Infusion Pumps" policy in the Region C DMEPOS Supplier Manual. In addition to the documentation requirements outlined in this policy, initial claims for HCPCS code J 0286 must be submitted with a statement obtained by the supplier from the physician indicating why the liposomal form of Amphotericin B is needed for a particular patient. If the documentation is not submitted or does not support the medical necessity of the need for this form of the drug for the particular patient, coverage will be based on the least costly medically appropriate alternative, standard Amphotericin B (HCPCS code J 0285).

A new HCPCS code has also been established for the standard form of Amphotericin B. HCPCS code K0453 was the appropriate code used for billing standard Amphotericin B. Effective for claims with dates of service on or after January 1, 1999, a new HCPCS code has been established:

J 0285 Injection, Amphotericin B, 50 mg

Claims for HCPCS code K0453 will not be valid for claim submission to the DMERC if both:

1) the date of service is on or after January 1, 1999 and
2) the claim is received on or after April 1, 1999.
**NEW HCPCS CODE FOR DACLIZUMAB**

A new HCPCS code has been established for daclizumab, trade name: Zenapax. The new HCPCS code effective for dates of service on or after January 1, 1999 is:

**J 7513  Daclizumab, parenteral, 25 mg**

Daclizumab is a monoclonal antibody that is used as part of an immunosuppressive drug regime following organ transplant. Daclizumab is administered intravenously. The safety of intravenous administration of monoclonal antibodies in the home setting is not established. Therefore, daclizumab will be denied as not medically necessary in the home.

For more information on Coverage and Payment Rules and Documentation as they relate to immunosuppressive drugs, please see the policy "Immunosuppressive Drugs" in the Region C DMEPOS Supplier Manual.

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**HCPCS CODE J0275 - ALPROSTADIL URETHRAL SUPPOSITORY**

Alprostadil urethral suppository is a self-administered transurethral system used for the delivery of alprostadil to the male urethra. It is indicated for the treatment of erectile dysfunction. Effective for claims with dates of service on or after January 1, 1999, a new HCPCS code has been established to describe this item:

**J 0275  Alprostadil, urethral suppository, administered under direct physician supervision, excludes self-administration.**

This drug was previously identified by HCPCS code Q0182 for claims with dates of service on or after July 1, 1998. Claims for alprostadil urethral suppository are submitted to the local carrier for processing.

---

**CERVICAL CAP**

**Non-Covered**

The cervical cap is a thimble shaped latex device that covers the cervix and is used with a spermicide as a barrier method of contraception. A new HCPCS code that has been established for claims with dates of service on or after January 1, 1999 is:

**A4261  Cervical cap for contraceptive use**

Claims submitted to Medicare will be denied as non-covered.
PEAK FLOW METERS

HCPCS code A4614, peak flow meter, hand held, has been established effective for dates of service on or after January 1, 1999.

Peak flow meters are covered for the self-monitoring of patients with pure asthma, (ICD-9 493.00-493.11) when they are used as part of a comprehensive asthma management program. Insufficient evidence exists to demonstrate that there is a benefit to the use of peak flow meters in patients with other respiratory diseases, e.g. COPD, bronchitis, emphysema, etc. All of the patient's pulmonary ICD-9 diagnoses must be included on claims submitted for HCPCS code A4614. Claims for HCPCS code A4614 with diagnoses other than asthma will be denied as not medically necessary.

NEW HCPCS CODE FOR PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE

Effective for claims with dates of service on or after January 1, 1999, a new HCPCS code has been established for billing an anchoring device for percutaneous tubes/catheters. The new HCPCS code is:

   A5200  Percutaneous catheter/tube anchoring device adhesive skin attachment.

HCPCS code A5200 is covered and separately payable when it is used to anchor a covered suprapubic tube or nephrostomy tube. Coverage for A5200 is dependent on the documentation requirements outlined in the "Urological Supplies Policy" published in the Region C DMEPOS Supplier Manual. When billing HCPCS code A5200, the ZX modifier must be added to the claim when the order from the treating physician indicates permanent urinary incontinence or permanent urinary retention and the item is used with a urinary catheter. If these requirements are not met the ZX modifier may not be used but the supplier can submit additional information with the claim to justify coverage.

Adhesive catheter anchoring devices for indwelling urethral
EXPANSION OF COVERAGE

Oral Anti-cancer Drugs

Medicare has expanded coverage of certain oral anti-cancer drugs to include FDA approved oral anti-cancer prodrugs effective for claims with dates of service on or after January 1, 1999. Prodrugs have the same active ingredients in the body as injectable anti-cancer drugs. For coverage under the oral anti-cancer drug benefit, an oral drug may have a different chemical composition from an injectable drug at the outset, but after metabolism, it must have the same active chemical composition as the injectable drug.

At present, the oral anti-cancer drug benefit includes coverage for cyclophosphamide, etoposide, methotrexate, and melphalan. This benefit is being expanded to include a 5-FU prodrug, capecitabine, trade name: Xeloda, manufactured by Roche.

Claims for oral anti-cancer drugs and prodrugs are billed to the DMERC on Form HCFA-1500 or its electronic equivalent using the appropriate National Drug Code (NDC). The following additional NDC numbers have been approved for coverage:

- 0004-1100-22  Capecitabine, 150 mg, oral, 1 tab per unit
- 0004-1100-51  Capecitabine, 150 mg, oral, 1 tab per unit
- 0004-1100-13  Capecitabine, 150 mg, oral, 1 tab per unit
- 0004-1101-51  Capecitabine, 500 mg, oral, 1 tab per unit
- 0004-1101-16  Capecitabine, 500 mg, oral, 1 tab per unit
- 0004-1101-13  Capecitabine, 500 mg, oral, 1 tab per unit

Claims for specific oral anti-cancer prodrugs must include a cancer diagnosis on the claim form. The physician/supplier must have a valid license to dispense prescription drugs.
**Tracheostomy Filters**

Tracheostoma filters are devices used with a tracheostomy tube or over an open tracheostomy stoma. Commonly called the "artificial nose," these devices provide for the humidification and air filtration needs of the tracheostomized patient. Claims for tracheostoma filters must be billed using HCPCS code A4481- Tracheostoma filter, any type, any size, each. This HCPCS code was effective for claims with dates of service on or after January 1, 1997.

Examples of products that would meet the definition of this code include but are not limited to:

- The Provox Stomafilter, all types
- Gibeck Inc.- StomVent
- Dean Rosecrans- Foam filters
- EZ Speech Inc.- Stoma foam filters
- Bruce - Foam stoma filters
- In Health Tech - Foam discs

HCPCS code A4481 is covered for a patient who has had a tracheostomy. More than one A4481 per day would rarely be medically necessary unless documentation was submitted with the claim to justify the greater amount in the individual case.

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**Tracheostomy Care Supplies**

Tracheostomy care supplies are covered for patients following an open surgical tracheostomy, which has been open or is expected to remain open for at least 3 months.

Effective for claims with dates of service on or after March 1, 1999, claims submitted for a patient with a tracheostomy for the following tracheostomy care supplies HCPCS codes must include the ICD-9 code V44.0, V55.0 or 519.00 - 519.09. Claims submitted without one of these diagnosis codes will be denied as not medically necessary unless additional medical documentation is provided:

- A4622
- A4623
- A4625
- A4626
- A4629
- A4481

Please refer to the "Tracheostomy Care Supplies" policy in the Region C DMEPOS Supplier Manual for further information.
Dear Physician:

The following information is a summary of the Durable Medical Equipment Regional Carrier's (DMERC) Regional Medical Review Policy (RMRP) upon which Medicare bases reimbursement decisions for the equipment you might order for your patient. It describes the equipment, its usual clinical indications, and Medicare coverage criteria for reimbursement. Hopefully it 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." No DMERC item may be reimbursed by Medicare without the physician's having ordered it. These items are often quite expensive. We rely on the physician to adequately document the need for this equipment, whether by way of a properly completed order, a Certificate of Medical Necessity (CMN), or sometimes extra documentation. While it may be inconvenient for physicians to fully and thoughtfully complete these documents, it must be emphasized that only with the cooperation and input of the physician community can the DMERC assure that Medicare will be able to continue to provide Medicare beneficiaries with the equipment and supplies they may need, while protecting the Medicare Trust Fund from abusive overutilization and fraudulent claims for items that either have not been physician ordered or are not truly medically necessary for their patients.

It is hoped that the Physician Information Sheets explaining these items, their coverage criteria and documentation requirements will help physicians better understand their critical role in the appropriate provision and continued availability of medical equipment and supplies for their Medicare patients.

The following Physician Information Sheets are only summaries of DMERC RMRPs published in the 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. The 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.
ENTERAL NUTRITION
PHYSICIAN INFORMATION SHEET

Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine.

It is covered by Medicare for patients with diseases or structural defects of the alimentary tract that interfere with transport, digestion or absorption of nutrients to a degree that oral ingestion proves inadequate to maintain weight and strength commensurate with overall health status. Such conditions may include anatomic obstructions such as head and neck cancers, or motility disorders such as dysphagia or gastroparesis. Even neurological disorders (e.g., Alzheimer's) resulting in this degree of ingestional dysfunction would qualify for coverage. The severity of these conditions which warrants coverage is reflected in the physician's decision to insert and maintain a feeding tube in the patient. Coverage is possible for patients with partial impairments - e.g., a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption. Questions often arise about patients whose conditions are either improving or deteriorating and may be transitioning to or from a tube-feeding situation. They may be getting some of their nutrients orally, but require tube feedings to maintain their nutritional status. So long as the physician sees fit to maintain the enteral tube, Medicare will cover those nutrients administered via that tube.

In order to be covered, the physician must judge the condition to be permanent - expected to last greater than three months, or until the patient's death, whichever is shorter.

Conditions which are not covered (even though they may involve tube feedings) include anorexia and nausea secondary to mood disorders and end-stage diseases not directly involving the gastrointestinal tract.

Only those nutrients administered via the feeding tube are covered by Medicare. (Enteral nutrients taken orally are not covered by Medicare.) Baby food and blenderized grocery products are not covered, even if administered via a feeding tube.

Medicare pays for supplies required for different methods of administering tube feedings (gravity, syringe or a pump). Medical records should reflect medical conditions requiring controlled administration of nutrients through a pump. More than one nasogastric tube per month or one gastrojejunostomy tube every 3 months are rarely medically necessary. (While disoriented patients may remove their own tubes leading to the use of more tubes, such an occurrence is not considered strictly an issue of medical necessity and is not reimbursable.) Dressings used for the insertion site of enteral tubes are reimbursed as part of the "administration kit," and are not separately payable.

Most enteral nutrient products sufficient to achieve and maintain adequate nutritional status are grouped into a basic HCPCS billing code (B4150) and are reimbursed at the same rate. Products made of natural intact protein (HCPCS code B4151) are covered for patients who have demonstrated an allergy or intolerance to the basic semi-synthetic products. Special, more highly reimbursed products (HCPCS codes B4153-B4155) need to be justified for each patient. The physician must document why he or she is ordering these products (such as those that are disease-specific).

DOCUMENTATION:

If you order enteral nutrition for your patient, it is necessary to complete a Certificate of Medical Necessity (CMN), in order for the supplier to be reimbursed by Medicare. The physician is expected to have seen the patient within 30 days prior to initially certifying the need for enteral nutrition, or document why not, and what monitoring methods were used to evaluate the patient's enteral nutrition needs.

Routine recertifications are no longer required. However, changes in your orders may require completion of revised CMNs.
Section B of the CMN contains questions pertaining to the medical necessity of the equipment which may not be completed by the supplier. The physician or another health care clinician may complete Section B, but only the patient's treating physician may sign the CMN, indicating that he/she has reviewed Section B of the CMN for accuracy and completeness.

The patient's medical records must contain documentation substantiating that the patient's condition meets the above coverage criteria and the answers given in Section B of the CMN. These records may be requested by the DMERC to confirm corroboration by the medical record of the information submitted to the DMERC.

Paul D. Metzger, M.D.
Medical Director, Region C DMERC
Palmetto Government Benefits Administrators, LLC
Columbia, SC
**REMOVAL OF ALPHA INQUIRY FROM VPIQ**

On April 1, 1999, Palmetto GBA will deactivate the Beneficiary Alpha Inquiry option of the Beneficiary Eligibility system. Currently, participating providers who have access to the VMS Provider Inquiry system (VPIQ) are able to obtain beneficiary eligibility information using the beneficiary's name and birth date. After April 1, 1999, this information will only be accessible using the beneficiary's Medicare number.

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**BENEFICIARY BROCHURE CORRECTION**

Information in the beneficiary pamphlet *Medicare and You* regarding Medicare Secondary Payer (page 21) is incorrect. The statement should read:

Medicare **may** be secondary if you have other coverage through any of the following insurers: auto insurance or liability insurance companies, employer group plan(s), Public Health Service or Indian Health Services, Veterans Administration, Workers' Compensation or Department of Black Lung.

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**BALANCED BUDGET ACT OF 1997 UPDATE**

As mandated by the Balanced Budget Act of 1997, the following payment revisions will apply, effective January 1, 1999:

- The fee schedule amounts for oxygen and oxygen equipment will receive an additional five percent (5%) reduction.
- The covered item update for durable medical equipment 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 each of the years 1998 through 2002 may not exceed the 1995 reasonable charge allowables.

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**UPIN INTERNET ADDRESS**

As of December 1, 1998, you can access UPINs (Unique Physician Identifier Numbers) over the Internet at the address shown below:

http://www.cpg.mcw.edu
Suppliers who bill services/items to the Region C DMERC are required to maintain proof of delivery documentation in the patient's record. The proof of delivery requirements are outlined below according to the method of delivery. The three methods of delivery that will be discussed are:

1. Supplier delivering directly to the beneficiary, or authorized representative;
2. Supplier utilizing a delivery/shipping service to deliver items; and
3. Supplier delivering to a nursing facility on behalf of the beneficiary.

All services which do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested. Suppliers who consistently do not provide documentation to support their services may be referred to the Office of Inspector General (OIG) for imposition of Civil Monetary Penalties (CMP) or Administrative Sanctions.

1. **Supplier delivering items directly to the beneficiary, or authorized representative**

   A delivery slip which has been signed and dated by the beneficiary, or authorized representative, is required in order to verify the DME-POS item(s) received. An acceptable delivery slip must include the patient's name, the quantity and detailed description of the item(s) being delivered, brand name and serial number.

2. **Supplier utilizing a delivery/shipping service to deliver items**

   If the supplier utilizes a delivery/shipping service, acceptable proof of delivery would include the delivery service's tracking slip and a supplier's shipping invoice. The supplier's shipping invoice must include the patient's name, the quantity and detailed description of the item(s) being delivered, brand name, serial number, and the delivery service's package identification number associated with the patient's package(s). The delivery service's tracking slip must reference each patient's package(s), the delivery address, and the corresponding package identification number given by the delivery service.

When performing compliance audits or developing complaints, the Region C DMERC Fraud Investigation Unit and Medical Review Department request documentation of the claims submitted by the supplier. Often, the documentation returned from the supplier does not include a delivery service log, or only includes a delivery service log which indicates numerous packages were picked up from the supplier. However, the log does not provide the individual package identification number associated with each patient. Without a delivery service's tracking log which identifies each individual package(s) with a unique identification number and the delivery address, the services will be denied and an overpayment will be requested.

Audits have indicated that often packages have been delivered to the wrong address or package(s) have been left at the door or on the porch of the patient's residence. Patients often indicate they did not
PROOF OF DELIVERY REQUIREMENTS (continued)

receive the items/supplies which were shipped by the supplier. In the situations where the patient denies receipt of the items/services, these services will be denied and an overpayment will be requested unless the supplier proves delivery with detailed documentation described above.

Some suppliers have begun the practice of placing a postage-paid delivery invoice in the package(s) delivered to the patient. The patient is then able to sign and date the delivery invoice and mail it back to the supplier to keep in the patient's records to document delivery of the item(s). For mail order DMEPOS item(s), the date of service on the claim must be the shipping date.

3. Supplier delivering to a nursing facility on behalf of the beneficiary

Proof of delivery must be maintained in the supplier's records. For patients who are residents of a nursing facility, suppliers should work with the nursing facility staff to implement an inventory control to ensure the following:
1. Receipt of the supplies at the nursing facility;
2. Supplies are identified and retained for use only by the specific patient for which the supplies/items are intended;
3. Supplies are utilized by the patient for which they are issued; and
4. Suppliers obtain copies of the necessary documentation from the nursing facility to document the proof of delivery.

The medical records in the nursing home must document the use of all supplies/items billed to Medicare. The documentation may be in the nurse's notes or in a special treatment record or form. The date of service on the claim must be the date the DMEPOS item(s) was received by the nursing facility.

Note: Suppliers are not required to submit proof of delivery with their claims. However, they are expected to retain proof of delivery documentation as described herein to be furnished to the DMERC upon request.

Please be aware of the one of the latest "scams" involving power wheelchairs and power operated vehicles (POVs). According to an article recently published in the Tampa Tribune, 25 medical supply companies in Pasco, Pinellas, and Hillsborough counties in Florida have been accused of a massive fraud scheme. Door-to-door salesmen offered power wheelchairs to the elderly, but either delivered nothing or later swapped them for POVs. They frequently enticed the beneficiaries to accept delivery by offering other unnecessary equipment such as beds or seat-lift mechanisms.

Several of the companies involved have approached other suppliers throughout the United States, offering a "partnership" to distribute more POVs. Be very careful about getting involved in such deals. You could set yourself up for recoupments, sanctions, or even criminal charges. Remember, if it looks too good to be true, it probably is!
The Autumn 1998 DMERC Medicare Advisory discussed the need for all Medicare information systems to be ready for the Year 2000 (Y2K). This responsibility includes Palmetto GBA as a Medicare contractor, as well as all suppliers of durable medical equipment, prosthetics, orthotics and supplies. The following table lists several web sites which may help you determine your Y2K readiness, as well as other sites that offer related services and information.

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<td>Sony Electronics (800-352-7669)</td>
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[rts2000.demon.co.uk](rts2000.demon.co.uk) |
| Direct Access Services - Provides Y2K information and solutions for the millennium | [careconnect.com](careconnect.com) |
| Contingency planning of all health, safety, basic, and essential service-related systems | [millennia-bcs.com](millennia-bcs.com) |
| The Y2K Information Center - provides a forum for disseminating information about the Year 2000 challenge | [year2000.com](year2000.com) |
| An on-line magazine dedicated to providing the latest information on handling Year 2000 projects and issues | [y2kjournal.com](y2kjournal.com) |

<p>| <strong>Electronic Data Interchange (EDI)</strong> | <a href="hcfa.gov/medicare/edi/edi.htm">hcfa.gov/medicare/edi/edi.htm</a> |
| <strong>Biomedical Equipment &amp; Engineering</strong> | <a href="is.ufl.edu/bawb015h.htm">is.ufl.edu/bawb015h.htm</a> |</p>
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<th>Effective Date</th>
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<td>13691 E. Marina Dr., #207</td>
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<td>Aurora, Colo. 80014-3713</td>
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<td>Florida</td>
<td>Apollo Medical Equipment, Inc.</td>
<td>Specialty: DME Company</td>
<td>15 yrs.</td>
<td>9/20/98</td>
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<td>8428 S W 24th St., Ste 228</td>
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<td>Miami, Fla. 33155</td>
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<td>Capital Medical Supplies, Corp.</td>
<td>Specialty: DME Company</td>
<td>15 yrs.</td>
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<td></td>
<td>8428 S W 24th St., Ste 103-A</td>
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<td>Florida</td>
<td>Correa Supply, Corp.</td>
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<td></td>
<td>8428 S W 24th St., Ste 224</td>
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<td>Florida</td>
<td>Crown Ostomy, Inc.</td>
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<td>Permanent</td>
<td>12/17/97</td>
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<td>10001 N W 50th St., Ste 109</td>
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<td>Sunrise, Fla. 33351</td>
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<td>Florida</td>
<td>Darlene Medical Corp.</td>
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<td>Florida</td>
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<td>10 yrs.</td>
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<td>13800 S W 8th St., Ste 179-A</td>
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<td>Medi Shield, Inc.</td>
<td>Specialty: DME/Incontinence Kits</td>
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<td>6412 N University Dr.</td>
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<td>Florida</td>
<td>Montgomery, Robert</td>
<td>Specialty: Podiatrist</td>
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<td>9/20/98</td>
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<td>147 Pine Ridge Dr., MFL</td>
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<td>Leesburg, Fla. 34788</td>
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<td>Save Medical Service Corp.</td>
<td>Specialty: DME Company</td>
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<td>13800 S W 8th St., Ste 179</td>
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<td>Florida</td>
<td>South Pacific Medical Services</td>
<td>Specialty: DME Company</td>
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</table>
Universal Medical, Inc.  
P.O.Box 65-0099, #207  
Miami, Fla.  33265  
Specialty: DME Company  
Period of Exclusion: 10 yrs.  
Effective Date: 9/20/98

**Georgia**

Connell, Paul A P  
P.O. Box  1711  
Tucker, GA  30085  
Specialty: Pharmacist  
Period of Exclusion: Indefinite  
Effective Date: 9/20/98

**Mississippi**

Patel, Mukund Kanu  
2500 5th St. N, Ste 1  
Columbus, Miss.  39701  
Specialty: Family Physician/  
General Practice  
Period of Exclusion: Indefinite  
Effective Date: 9/20/98

**North Carolina**

Injejikian, Jirair A.  
709 E. Grover St.  
Shelby, N.C.  28150  
Specialty: Family Physician/  
General Practice  
Period of Exclusion: Permanent  
Effective Date: 1/30/98

**Oklahoma**

Morton, Robert Oliver  
P.O. Box 1305  
Duncan, Okla.  73534-1305  
Specialty: Family Physician/  
General Practice  
Period of Exclusion: Indefinite  
Effective Date: 9/20/98

**South Carolina**

Grant, Darnell  
124 Fennick Dr.  
Moncks Corner, S.C.  29461  
Specialty: Health Care Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 9/20/98

Johnson, Jacob J r.  
5427 Knightner St.  
Columbia, S.C.  29203  
Specialty: Health Care Aide  
Period of Exclusion: 5 yrs.  
Effective Date: 9/20/98

Victory Medical Supplies  
1206 Redbank Rd.  
Goose Creek, S.C.  29445  
Specialty: DME/  
Incontinence Kits  
Period of Exclusion: Permanent  
Effective Date: 12/17/97

**Tennessee**

Smiley, Karen J.  
2288 Gun barrel Rd., Ste 111-200  
Chattanooga, Tenn.  37421-2670  
Specialty: Family Physician/  
General Practice  
Period of Exclusion: Indefinite  
Effective Date: 9/20/98
SUPPLIER SANCTIONS
(continued)

Texas

Douglas, Howard Thomas III
729 Grapevine Hwy.
Hurst, Texas  76054-2899
Specialty: Family Physician/
General Practice
Period of Exclusion: Indefinite
Effective Date:  9/20/98

Giles, Clarence R..
10137 Milan St.
El Paso, Texas  79924
Specialty: Podiatrist
Period of Exclusion: Indefinite
Effective Date: 9/20/98

SUPPLIER REINSTATEMENT ACTIONS

Florida

Johanson, Frank Douglas
P.O. Box 1417
Crawfordville, Fla.  32326-1417
Specialty: Family Physician/
General Practice
Sanction Date:  8/26/91
Reinstatement Date:  8/6/98

Perkerson, Ralph B., Jr.
4090 Hodges Blvd., #1813
Jacksonville, Fla.  32224
Specialty: Family Physician/
General Practice
Sanction Date:  10/2/97
Reinstatement Date:  8/4/98

Oklahoma

Tuley, Barbara K.
307 N. Monte Vista St.
Ada, Okla.  74820
Specialty: Family Physician/
General Practice
Sanction Date:  7/20/98
Reinstatement Date:  8/6/98

Puerto Rico

Vargas-Bird, Irma M.
5 Calle Union St.
Guaynabo, Puerto Rico  00966
Specialty: Family Physician/
General Practice
Sanction Date:  2/13/97
Reinstatement Date:  8/20/98
1999 HCPCS UPDATE: ADDITIONS, CHANGES AND DELETIONS

The following are additions, changes and deletions to the HCPCS for 1999. Deleted HCPCS for 1999 will be accepted through March 31, 1999, as a 90-day grace period. Claims received on or after April 1, 1999, must contain the new and correct codes as they are outlined in the following pages.

HCPCS 1999 Additions

KS Glucose monitor supply for diabetic beneficiary not treated by insulin
A4483 Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4614 Peak expiratory flow rate meter, hand held
A5200 Percutaneous catheter/tube anchoring device, adhesive skin attachment
A6200 Composite dressing, pad size 16 sq.in. or less, without adhesive border, each dressing
A6201 Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6202 Composite dressing, pad size more than 48 sq.in., without adhesive border, each dressing
J0130 Injection, abciximab, 10 mg
J0151 Injection, adenosine, 90 mg (not to be used to report any adenosine phosphate compounds, instead use HCPCS code A9270)
J0275 Alprostadil urethral suppository, administered under direct physician supervision, excludes self-administration
J0285 Injection, Amphotericin B, 50 mg (Effective 1/1/99, replaces HCPCS code K0453)
J0286 Injection, Amphotericin B, any lipid formulation, 50 mg.
J0395 Injection, arbutamine HCL, 1 mg
J0476 Injection, baclofen, 50 mcg for intrathecal trial
J1260 Injection, dolasetron, mesylate, 1 mg
J1956 Injection, levofloxacin, 250 mg
J2271 Injection, morphine sulfate, 100 mg
J2355 Injection, oprelvekin, 5mg
J2792 Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 I.U.
HCPCS 1999 Additions (continued)

J 2994 Injection, reteplase, 37.6 mg (two single use vials)
J 7315 Sodium hyaluronate, 20 mg, for intra articular injection
J 7320 Hylan G-F 20, 16 mg, for intra articular injection
J 7513 Daclizumab, parenteral, 25 mg
J 9151 Daunorubicin citrate, liposomal formulation, 10 mg
J 9212 Injection, interferon alfacon-1, recombinant, 1 mcg
J 9310 Rituximab, 100 mg
K0456 Hospital bed, heavy duty, extra wide, semi-electric (head and foot adjustment) with any type side rails, with mattress. (Effective for dates of service on or after 7/1/98)
K0457 Extra wide/heavy duty commode chair, each (Effective for dates of service on or after 7/1/98)
K0458 Heavy duty walker without wheels, each (Effective for dates of service on or after 7/1/98)
K0459 Heavy duty wheeled walker, each (Effective for dates of service on or after 7/1/98)
K0460 Power add on, to convert manual wheelchair to motorized wheelchair, joystick control (Effective for dates of service on or after 7/1/98)
K0461 Power add on, to convert manual wheelchair to power operated vehicle, tiller control (Effective for dates of service on or after 7/1/98)
K0462 Temporary replacement for patient-owned equipment being repaired, any type (Effective for dates of service on or after 7/1/98)
L1690 Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control
L1847 Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s)
L3675 SO, vest type abduction restrainer, canvas webbing type, or equal
L5968 All lower extremity prosthesis, ankle, multiaxial shock absorbing system
L5975 All lower extremity prosthesis, combination single axis ankle and flexible keel foot
L5988 All lower extremity prosthesis, combination vertical shock and multiaxial rotation/torsional force reducing pylon
L6693 Upper extremity addition, external locking elbow, forearm, counterbalance
L8015 External breast prosthesis garment, with mastectomy form, post mastectomy
HCPCS 1999 Additions (continued)

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>L8035</td>
<td>Custom breast prosthesis, post mastectomy, molded to patient model</td>
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<tr>
<td>L8195</td>
<td>Gradient compression stocking, waist length, 30-40 mmHg, each</td>
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HCPCS 1999 Code Description Changes

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<tr>
<th>Code</th>
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<tr>
<td>A6020</td>
<td>Collagen based wound dressing, each dressing</td>
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<td>J0150</td>
<td>Injection, adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use HCPCS code A9270)</td>
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<tr>
<td>J0256</td>
<td>Injection, alpha 1 - proteinase inhibitor - human, 10 mg</td>
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<tr>
<td>J0270</td>
<td>Injection, alprostadil, 1.25 mcg, administered under direct physician supervision, excludes self administration</td>
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<tr>
<td>J1650</td>
<td>Injection, enoxaparin sodium, 10 mg</td>
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<tr>
<td>J1825</td>
<td>Injection, interferon beta-1A, 33 mcg, administered under direct physician supervision, excludes self-administration</td>
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<tr>
<td>J1830</td>
<td>Injection, interferon beta-1B, 0.25 mg, administered under direct physician supervision, excludes self-administration</td>
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<tr>
<td>J3030</td>
<td>Injection, sumatriptan succinate, 6 mg, administered under direct physician supervision, excludes self-administration</td>
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<tr>
<td>J7190</td>
<td>Factor VIII (antihemophilic factor, human) per I.U.</td>
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<tr>
<td>J7192</td>
<td>Factor VIII (antihemophilic factor, recombinant) per I.U.</td>
</tr>
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<td>K0056</td>
<td>Seat height less than 17&quot; or equal to or greater than 21&quot; for a high strength, light weight, or ultra-lightweight wheelchair</td>
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<td>K0183</td>
<td>Nasal application device used with positive airway pressure device</td>
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<td>K0185</td>
<td>Headgear used with positive airway pressure device</td>
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<tr>
<td>K0186</td>
<td>Chin strap used with positive airway pressure device</td>
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<td>K0187</td>
<td>Tubing used with positive airway pressure device</td>
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<td>K0188</td>
<td>Filter, disposable, used with positive airway pressure device</td>
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<td>K0189</td>
<td>Filter, non-disposable, used with positive airway pressure device</td>
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<tr>
<td>K0268</td>
<td>Humidifier, non-heated, used with positive airway pressure device</td>
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<td>L3500</td>
<td>Orthopedic shoe addition insole, leather</td>
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<tr>
<td>L3510</td>
<td>Orthopedic shoe addition, insole, rubber</td>
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### HCPCS 1999 Code Description Changes (continued)

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<td>Orthopedic shoe addition, insole, felt covered with leather</td>
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<td>L3530</td>
<td>Orthopedic shoe addition, sole, half</td>
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<td>L3540</td>
<td>Orthopedic shoe addition, sole, full</td>
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<td>L3550</td>
<td>Orthopedic shoe addition, toe tap standard</td>
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<td>L3560</td>
<td>Orthopedic shoe addition, toe tap, horseshoe</td>
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<td>L3570</td>
<td>Orthopedic shoe addition, special extension to instep (leather with eyelets)</td>
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<td>L3580</td>
<td>Orthopedic shoe addition, convert instep to velcro closure</td>
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<td>L3590</td>
<td>Orthopedic shoe addition, convert firm shoe counter to soft counter</td>
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<td>L3595</td>
<td>Orthopedic shoe addition, march bar</td>
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<td>L3649</td>
<td>Orthopedic shoe(s), modification(s), addition or transfer(s), not otherwise specified</td>
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<td>L5840</td>
<td>Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control</td>
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<td>L8100</td>
<td>Gradient compression stocking, below knee, 18-30 mmHg, each</td>
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<td>L8110</td>
<td>Gradient compression stocking, below knee, 30-40 mmHg, each</td>
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<td>L8120</td>
<td>Gradient compression stocking, below knee, 40-50 mmHg, each</td>
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<td>L8130</td>
<td>Gradient compression stocking, thigh length, 18-30 mmHg, each</td>
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<td>L8140</td>
<td>Gradient compression stocking, thigh length, 30-40 mmHg, each</td>
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<td>L8150</td>
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<td>L8160</td>
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<td>L8170</td>
<td>Gradient compression stocking, full length/chap style, 30-40 mmHg, each</td>
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<td>L8180</td>
<td>Gradient compression stocking, full length/chap style, 40-50 mmHg, each</td>
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<td>L8190</td>
<td>Gradient compression stocking, waist length, 18-30 mmHg, each</td>
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<td>L8200</td>
<td>Gradient compression stocking, waist length, 40-50 mmHg, each</td>
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<td>L8210</td>
<td>Gradient compression stocking, custom made</td>
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<td>L8230</td>
<td>Gradient compression stocking, garter belt</td>
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<td>L8239</td>
<td>Gradient compression stocking, not otherwise specified</td>
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<tr>
<td>L8420</td>
<td>Prosthetic sock, multiple ply, below knee, each</td>
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HCPCS 1999 Code Description Changes (continued)

L8430  Prosthetic sock, multiple ply, above knee, each
L8435  Prosthetic sock, multiple ply, upper limb, each
L8470  Prosthetic sock, single ply, fitting, below knee, each
L8480  Prosthetic sock, single ply, fitting, above knee, each
L8485  Prosthetic sock, single ply, fitting, upper limb, each

HCPCS 1999 Code Deletions

K0453  Injection, Amphotericin B, 50 mg
       (Effective 1/1/99, use HCPCS code J0285)
L4310  Multi-podus or equal orthotic preparatory management system for lower extremities
       (Effective 1/1/99, use HCPCS code L4396)
L4320  Addition to AFO, multi-podus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner with soft interface for AFO, with velcro closure
       (Effective 1/1/99, use HCPCS code L4392)
L4390  Replace soft interface material, multi-podus type splint
       (Effective 1/1/99, use HCPCS code L4392)
OMBUDSMEN ADDRESSES AND THEIR TERRITORIES

Alabama
Lia Bunch
P.O. Box 146
Union Grove, Ala. 35175
(256) 498-0205

Arkansas/Oklahoma
IN THE INTERIM CONTACT:
Mary Jo Gochett
P.O. Box 81850
Conyers, Ga. 30208-9426
(770) 761-0509

Colorado/New Mexico
IN THE INTERIM CONTACT:
Gina Thore
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35781

Florida (south)
(covers the southern portion of Florida to include Manatee, Hardee, Highlands, Okeechobee, and Indian River counties, and all points south)
Teresita Ortiz
Suite 328
9737 N.W. 41st
Miami, Fla. 33178
(305) 418-5009

Florida (north)
(covers the northern portion of Florida to include Pinellas, Hillsborough, Polk, Osceola and Brevard counties, and all points north)
Keith Smith
Suite 139
10991-55 San Jose Blvd.
Jacksonville, Fla. 32223
(904) 886-2887

Georgia
Mary Jo Gochett
P.O. Box 81850
Conyers, Ga. 30208-9426
(770) 761-0509

Kentucky
Teresa Camfield
P.O. Box 43767.
Louisville, Ky. 40253-6767
(502) 254-5011

Louisiana/Mississippi
Bobby Smith
P.O. Box 9225
Jackson, Miss. 39286
(601) 856-4368

North Carolina
Sharon Briggman
P.O. Box 97424
Raleigh, N.C. 27624-7424
(919) 846-3552

North Dakota
IN THE INTERIM CONTACT:
Lia Bunch
P.O. Box 146
Union Grove, Ala. 35175
(205) 498-0205

Ohio
IN THE INTERIM CONTACT:
Jim Brown
379 S. High St.
Columbus, Ohio 43206-3583
(614) 466-4916

Puerto Rico/Virgin Islands
Adie Fuentes
Urb. Muñoz Rivera
Ave. Esmeralda #53
Call Box 50
Guaynabo, P.R. 00969
(787) 782-0544

South Carolina
Dana Church
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35714

Tennessee
IN THE INTERIM CONTACT
Lia Bunch
P.O. Box 146
Union Grove, Ala. 35175
(205) 498-0205

Texas (south)
(covers the southern portion of Texas to include El Paso, Seminole, Abilene, Austin, San Antonio, Corpus Christi, and all points south)
Dana Causey
P.O. Box 7891
Horseshoe Bay, Texas 78657
(830) 598-4882

Texas (north)
(covers the northern portion of Texas to include La Grange, Houston, Killeen, Dallas, Amarillo, and all points north)
Peggy Miller
2601 Cartwright Rd., Suite D392
Missouri City, Texas 77459
(281) 416-9688

Out of Region C
Christopher Gaura
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35726

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>
| **Anti-Fraud Unit**  
Palmetto GBA, Medicare Region C DMERC  
P.O. Box 100236  
Columbia, S.C.  29202-3236 | (803) 788-5414 |
| **Dedicated Work Teams/DMERC General Information** | (803) 691-4300 |
| **Electronic Data Interchange (EDI)**  
Palmetto GBA, Medicare Region C DMERC  
P.O. Box 100145  
Columbia, S.C.  29202-3145 | (803) 788-9751 |
| **Hearings Department**  
Palmetto GBA, Medicare Region C DMERC  
P.O. Box 100249  
Columbia, S.C.  29202 | (803) 691-4300 |
| **Prior Authorization Department**  
Palmetto GBA, Medicare Region C DMERC  
P.O. Box 100235  
Columbia, S.C.  29202-3235 | (803) 691-4300 |
| **Professional Relations Department**  
Palmetto GBA, Medicare Region C DMERC  
P.O. Box 100141  
Columbia, S.C.  29202-3141 | (803) 735-1034, ext. 35729 |

*Inquiries regarding hearings or Prior Authorization should be directed to the Dedicated Work Teams.*

### National numbers

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>
| **National Supplier Clearinghouse (NSC)**  
P.O. Box 100142  
Columbia, S.C.  29202-3142 | (803) 754-3951 |
| **Region A DMERC** | (717) 735-9445 |
| **Region B DMERC** | (317) 577-5722 |
| **Region D DMERC** | (615) 251-8182 |
| **Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)**  
Palmetto GBA  
400 Arbor Lake Drive, Suite A 900  
Columbia, S.C.  29223 | (803) 736-6809 |