

October 6, 2006

DME

06-07

MEDICAID BULLETIN

TO: DURABLE MEDICAL EQUIPMENT PROVIDERS (DME)

SUBJECT:

- I. Reimbursement and Policy Updates, Deletions and Changes**
- II. Parenteral and Enteral Nutrition (PEN) Supply Clarifications and Updates**
- III. Oxygen Equipment Reimbursement Changes and Updates**
- IV. Continuous Positive Airway Pressure (CPAP) Coverage Changes**
- V. Billing of Zero-Pressure Tire Tube Inserts K0093 and K0097**
- VI. Adjustable Wheelchair Cushion Codes**
- VII. Power Wheelchairs**
- VIII. Expanded PT/OT Requirements**
- IX. New Medicaid Certificate of Medical Necessity (MCMN)**
- X. Miscellaneous Updates and Policy Clarifications**
- XI. Updated Provider Enrollment Operating Procedures**

I. Reimbursement and Policy Updates, Deletions, and Changes

Effective with dates of service on or after January 1, 2006, and in accordance with the changes indicated in the Medicare 2006 Medicare Spring and Summer Advisories of covered codes that are also covered by the South Carolina Department of Health and Human Services/Durable Medical Equipment (DME), our fee schedule is updated for codes with description and/or reimbursement changes, and/or discontinued codes, as applicable.

The following codes have been changed: A4233, A4234, A4235, A4236, B4081, B4082, B4083, B4086, E0261, E0294, E1390, E1391, L2034, L2387, L3671, L3672, L3673, L3702, L3763, L3764, L3765, L3766, L3905, L3919, L3921, L3933, L3935, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L5703, L5971, L6621, L6677, L6694, L6695, L6696, L6697, L6698, L6883, L6884, L6885, L7400, L7401, L7402, L7403, L7404, L7405.

The following code K0108 is no longer valid when used for seat cushion requests.

The following codes have been added: E0424, E0434, E0431, K0733, K0734, K0735, K0736, K0737, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898.

A complete listing of DME codes, descriptions, modifiers, reimbursements, and frequencies is found in the DME Manual, Section 4, which can be accessed via the Internet at www.scdhhs.gov.

II. PEN Supply Clarifications and Updates

Payment for a catheter/tube-anchoring device is considered included in the allowance for enteral feeding supply kits (B4034-B4036). Code A5200 should not be billed separately and is not paid in addition to the supplies for enteral nutrition.

The codes for feeding supply kits (B4034-B4036) include all supplies, other than the feeding tube itself, required for the administration of enteral nutrients to the patient for one day. Supplies include but are not limited to bags, tubing, syringes, irrigation solution, dressings (any type), and tape. Individual items may differ from patient to patient and from day to day. Only one unit of service may be billed for any one day. Units of service in excess of one per day will be denied as not separately payable.

When enteral nutrition is covered, dressings used in conjunction with a gastrostomy tube are included in the supply kit code (B4034-B4036) and should not be billed separately using dressing codes. Additionally, the following should occur when billing for the gastrostomy button:

- 1) DME should not be billed for buttons that are implanted at the doctor's office. The reimbursement is included in the physicians' surgical payment amount. Should the button be implanted at home and not by the physician, a statement should be added to all future Medicaid Certificate of Medical Necessity requests to indicate such.
- 2) The button kits are to be billed with the B9998 code. The frequency limitations will be four per year instead of the current one per month.
- 3) The following frequency changes are effective with dates of services on or after July 1, 2006, in accordance with Medicare's frequency limitations:
 - B4081 are limited to 12 per year
 - B4082 are limited to 12 per year
 - B4083 are limited to 12 per year
 - B4086 (G-Tube) are limited to 4 per year

III. Oxygen Equipment Reimbursement Changes and Updates

Effective with dates of service beginning on or after January 1, 2006, oxygen payments will be capped at 36 months. After that time the equipment is considered patient owned. This is applicable for all types of oxygen equipment covered. The following oxygen codes are reimbursable by DME: E0424, E0434, E1390, E0431, E0439, and E1391. Please refer to the DME Fee Schedule, which is located in the DME Manual, Section 4, for reimbursement and frequency information. Refer to Section 2 of the DME Manual for the policy update.

IV. **CPAP Coverage Changes**

Effective with dates of service on or after August 1, 2006, CPAP (E0471 and E0472) codes will be capped at 10 months rental and will be considered patient owned. Please see the DME fee schedule for further information regarding modifiers and frequency.

V. **Billing of Zero-Pressure Tire Tube Inserts K0093 and K0097**

Effective with dates of service on or after February 1, 2006, procedure codes K0093 and K0097 should not be billed separately when billing K0011.

VI. **Adjustable Wheelchair Cushion Codes**

Effective with dates of service on or after July 1, 2006, the following adjustable wheelchair cushion codes are active and replace the current K0108 cushion codes listed in the DME fee schedule: K0734, K0735, K0736, and K0737.

VII. **Power Wheelchairs**

CMS and SADMERC have redesigned and grouped wheelchairs into performance-based categories. These codes are temporary codes to be used as an interim step to allow code revision implementation to be completed in an orderly and timely fashion. Effective with dates of service November 15, 2006, the following power wheelchair codes will be active: K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, and K0898. Also, each power wheelchair code is required to include all the below listed items on initial issue. Separate billing/payment at the time of initial issue is not allowed. See list below for items and exceptions:

- a) Lap belt or safety belt (E0978)
- b) Battery charger single mode (E2366)
- c) Complete set of tires and casters any type (K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0099)
- d) Leg rests. There is no separate billing payment if fixed or swing away detachable non-elevating leg rests with/without calf pad (K0051, K0052, E0995) are provided. Elevating leg rests may be billed separately.
- e) Fixed/swing away detachable footrests with/without angle adjustment footplate/platform (K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0052)
- f) Armrests. There is no separate billing/payment if fixed/swing away detachable non-adjustable armrests with arm pad (K0015, K0019, and K0020) are provided. Adjustable height armrests may be billed separately.

- g) Upholstery for seat and back of proper strength and type for patient weight capacity of the power wheelchair (E0981, E0982)
- h) Weight-specific components per patient weight capacity
- i) Controller and Input device. There is no separate billing/payment if a non-expandable controller and proportional input device (integrated or remote) are provided. If a code specifies an expandable controller as an option (but not a requirement) at the time of initial issue, it may be billed separately.

VIII. **Expanded PT/OT Requirements**

Physicians can complete the PT/OT evaluation for patients. Patients who are attending public school also have the option of getting a PT evaluation from the school's physical therapist. All PT/OT evaluations should include but not be limited to the following information:

- a. Range of motion and semi-quantitative assessment of strength in the extremities
- b. Quantitative limitations to passive range of motion in the extremities
- c. The presence or absence of increased muscle tone or spasms
- d. Detailed description of patient's condition
- e. Describe how the equipment benefits the patient in performing Activities of Daily Living (ADLs)
- f. Detailed list, description, and justification of wheelchair base and accessories
- g. Detailed description of patient's long-term prognosis
- h. Size and measurements of the patient
- i. Patient's medical condition necessitating use of a power chair
- j. Progression of the condition and prognosis
- k. MAT Exam
- l. The extent of the patient's ability to ambulate. If the patient can ambulate, what are the limits to this ambulation and does it require an assistive device? If a device is currently being used, indicate what device is currently being used.

IX. **DME MCMNs**

The following new MCMNs have been added and are effective with dates of service December 1, 2006: Oxygen, Power/Manual Wheelchairs, and Equipment/Supplies. Additionally, the existing MCMNs have been updated. These are also effective with dates of service December 1, 2006.

X. **Miscellaneous Updates/Policy Clarifications**

- Support documentation removed from A4411, A4412, A4604, and A4363.
- Manual price and support documentation required for codes L0623 and L0624.
- DME does not reimburse for back-up ventilators.

XI. **Provider Enrollment Operating Procedures**

DME's Provider Enrollment Operating Procedures, Service Locations, Out-of-State Provider designation, Enrollment Procedure, Tax Information, Reporting Changes in Provider Status, etc. have been included in Section 2 of the DME Manual.

Thank you for your participation in the South Carolina Medicaid Program. Please contact your Durable Medical Equipment Program Coordinator with any questions at (803) 898-2882.

/s/

Robert M. Kerr
Director

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To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
http://www.dhhs.state.sc.us/dhhsnew/service_providers/eft.asp