



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Durable Medical Equipment and Supplies providers participating in the Virginia Medical Assistance Program, Managed Care Organizations, and holders of the Durable Medical Equipment and Supplies Provider Manual

MEMO: Update

FROM: Cynthia B. Jones, Acting Director
Department of Medical Assistance Services

DATE: June 16, 2010

SUBJECT: Update to the Durable Medical Equipment and Supplies Provider Manual

The purpose of this memorandum is to highlight changes the Department of Medical Assistance Services (DMAS) made to several sections of Appendix B in the “Durable Medical Equipment and Supplies Listing” of the Durable Medical Equipment and Supplies Manual. This memo highlights changes and additions to Appendix B, Chapter IV, Chapter VI, the Certificate of Medical Necessity Durable Medical Equipment and Supplies (CMN) (DMAS 352) and Appendix D. The memo also provides education on incontinence supplies. Please see the bottom of each section of Appendix B for comments on changes to that section.

If providers are unsure of the appropriate code to use for a particular item, one resource is the DME classification site, which is designed to help providers with DME coding. Providers can search by different criteria and also by brand name. The website can be accessed at <https://www.dmepdac.com/dmecsapp/do/search>.

Durable Medical Equipment and Supplies Program Update:

Incontinence Supplies July 1, 2010

Effective July 1, 2010, the Department has changed the billing unit for incontinence supplies (diapers/pull-ups/panty liners) from “per case” to “each”. The service authorization limit will be set at 100 (diapers/pull-ups/panty liners) per month. A service authorization will be required for any amount over this allowable limit.

DMAS has created an optional continence assessment form that can be used in conjunction with the CMN to assess and document the need for incontinence products. The form can be completed by the practitioner or the provider, unless marked otherwise. Once the form is completed it must be signed and dated by the practitioner. Please refer to the Incontinence section of the manual for additional updates and educational material.

Chapter IV, VI and CMN

As of July 1, 2010, Physician Assistants will be allowed to sign and date the CMN (DMAS 352) and supporting documentation. Providers will notice that the word physician has been replaced with practitioner which includes physician (MD and DO), nurse practitioner and physician assistant. The CMN (DMAS 352) was also changed to accommodate the addition of physician assistants.

DMAS has included examples and additional information in Chapters IV and VI of the DME and Supplies Manual to help providers with collecting appropriate documentation. Additional educational information and guidelines have been added to the Incontinence section of the manual. In addition, as of July 1, 2010, the Maternity Risk Screen is no longer required; however, the Certificate of Medical Necessity (CMN-352) is required. 12VAC 30-50-510 requires that pregnant women who receive a blood glucose meter covered by DMAS must also be referred for nutritional counseling.

The DMAS-115 will also no longer be required for enteral nutrition. The CMN has been changed to accommodate the discontinuation of the DMAS-115. Providers should refer to the enteral section of the manual for the complete update. There are other minor changes, additions, examples and educational information through out the manual. Providers should read the entire manual for changes.

Providers are responsible for reading and adhering to the Department's policies and regulations and ensuring that all employees do likewise. Providers must also ensure that all requirements for services are met in order to receive payment from DMAS. If it is found at post payment audit that the provider has not meet all the requirements the provider may be required to refund the payment to the Department.

DMAS and its contractors have a responsibility: (1) to verify that members receive adequate and medically justified services; (2) that services are provided with fiscal responsibility; and (3) to monitor for possible fraud. Without adequate documentation, neither DMAS nor its contractors can meet these responsibilities.

Appendix B

Changes have been made to every section of Appendix B. Please refer to the category section of Appendix B for effective dates.

Payment Methodologies

In accordance with the 2010 State budget, approved by the General Assembly, as of July, 1 2010, changes will be made to the payment methodology used to price HCPCS codes. These changes include a 10% reduction to codes that carry the Durable Medical Equipment Regional Carrier (DMERC) rate, a category specific reduction to the July 1, 1996, rates (overall reduction of 5.5%) and the deletion of Usual and Customary charges. Individual Consideration (IC) will be used for all unpriced codes. The rates have been incorporated into the Durable Medical Equipment and Supplies Listing/Appendix B of the DME Manual. This listing will be updated periodically. If a national code becomes available for an item, the miscellaneous code can no

longer be used for that item. The table below outlines the applicable payment methodology for various DME items.

DME ITEM	RATE
1. DME items that have a national code and a DMERC rate	Rate will be the DMERC rate minus 10%.
2. DME items that have a July 1, 2010 rate, but do not have a national code	Bill the E1399 code (miscellaneous). The rate will be the July 1, 2010 rate. The rate will be posted in Appendix B.
3. DME items that have a national code, but do not have a DMERC or a July 1, 2010 rate	Rate will be Individual Consideration (IC). Manufacturer's charge to the provider, less shipping and handling, plus 30%.
4. DME items that do not have a national code, and do not have a July 1, 2010 rate	Bill the E1399 code (miscellaneous). Rate will be IC. The manufacturer's charge to the provider, less shipping and handling, plus 30%
5. DME items that have a national code and a July 1, 2010 rate.	The rate will be the July 1, 2010 rate. The rate will be posted in Appendix B.

Billing E1399s

When providers submit a service authorization (formerly "prior authorization") for items that require the use of the E1399 HCPCS code the system will generate a summary line that includes the total number of E1399 units and the total fees associated with those lines. The service authorization file in VaMMIS combines all like miscellaneous DME codes into one 'summary' line, which carries the status of AC (approved combined). Providers see the AC line on their service authorization notification report and in order to bill for miscellaneous DME lines, providers will need to total the authorized amounts as well as the authorized units for each of the miscellaneous codes and submit this total or 'summary' line amount as one line item on the claim.

The provider should bill the total number of units and the total authorized fee once all supplies have been delivered. If the provider does not deliver all of the units at one time the provider can follow the instructions below:

1. Submit a change request to KePRO. The provider will request a change to the line item that was not delivered by either decreasing the number of units or voiding the line item for the DME/supplies that were not delivered and if necessary create a new service authorization for item not delivered; or
2. Wait until all DME/supplies have been delivered to submit the claim for reimbursement; or
3. If the provider has already billed for all the DME/supplies but has not delivered all units, the provider will need to adjust the claim. If it is found on post payment audit that the provider has billed all units but not delivered all units the provider may have funds retracted.

Providers may contact the DMAS helpline for questions related to claims adjustment.

Miscellaneous Codes

Effective July 1, 2010, DMAS will add 5 additional miscellaneous codes to the Appendix B that are more category-specific and will allow the Department to better understand usage by category. Providers will be required to use these miscellaneous codes instead of E1399. E1399 will still be accepted; however, providers should only use E1399 if the item supplied does not fall under one of the new miscellaneous codes. See additional information below.

B9998 Enteral Miscellaneous – This code should be used for any item that falls under the Feeding Pumps, Nutritional Supplements, Feeding Kits and Tubes section that has not been assigned a HCPCS code.

A4422 Ostomy Supply Miscellaneous – This code should be used for any item that falls under the Ostomy and Colostomy Pouches and Accessory Supplies section that has not been assigned a HCPCS code.

A4335 Incontinence Miscellaneous – This code should be used for any item that falls under the Bed Pans, Urinals, Incontinence, Catheters and Irrigation Equipment and Supplies section that has not been assigned a HCPCS code.

K0108 Wheelchair Accessory NOS – This code should be used for any item that falls under the Wheelchairs and Accessories section that has not been assigned a HCPCS code.

S8189 Tracheostomy Supplies NOS – This code should be used for any item that falls under the Apnea Monitors, Respiratory, Oxygen and Ventilators section that has not been assigned a HCPCS code.

Note: These new miscellaneous codes will work just like the E1399 code in the VaMMIS system. The service authorization file in VaMMIS combines all like miscellaneous DME codes into one 'summary' line, which carries the status of AC (approved combined). Providers see the AC line on their service authorization notification report and in order to bill for miscellaneous DME lines, providers will need to total the authorized amounts as well as the authorized units for each of the miscellaneous codes and submit this total or 'summary' line amount as one line item on the claim.

COMMUNICATION TO DME PROVIDERS

Information on provider training will be provided under separate cover to address these policy changes.

DMAS has established an email address specifically for providers to email questions about DME to DMAS (dme@dmavirginia.gov). These questions should pertain to policies, codes, or rates and should not pertain to service authorizations, as these questions should continue to be directed to the service authorization contractor, KePRO. See Appendix D of the Medicaid Durable Medical Equipment and Supplies Manual for more information regarding service authorization.

To subscribe to this email address, send an email to dme@dmavirginia.gov. On the subject line of the e-mail form, type, "subscribe" (without the quotes). This is an automated system. If you

put anything else on the subject line, you will not be added to the list. Please include “member”, “provider”, or “other”, which ever best describes you, in the body of your e-mail. To unsubscribe, send an email to DMAS dme@dmass.virginia.gov. On the subject line of the email form, type, “unsubscribe” (without the quotes).

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmass.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

- 1-804-786-6273 Richmond area and out-of-state long distance
- 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES MANUAL
REVISION CHART
June 16, 2010

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Appendix B	All categories have had updates	Entire Sections	Entire Sections	6/16/2010
Appendix D	Entire Appendix		Entire Appendix	6/16/2010
Chapter IV	Entire Chapter		Entire Chapter	6/16/2010
Chapter VI	Entire Chapter		Entire Chapter	6/16/2010

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Appendix B	All Categories	New Categories	
Appendix D	Old Appendix D	New Appendix D	
Chapter IV	Old Chapter IV	New Chapter IV	
Chapter VI	Old Chapter VI	New Chapter VI	