



May 2009

ATTENTION EQUALITYCARE DME & PROSTHETIC/ORTHOTIC PROVIDERS

DME Services
Bulletin
09-001

Please share this bulletin with the following staff:

- Office Manager
- EqualityCare Biller
- Physician(s)
- Other _____

ATTENTION EQUALITYCARE DME & PROSTHETIC/ORTHOTIC PROVIDERS

THIS BULLETIN CONTAINS IMPORTANT INFORMATION REGARDING THE NEW 2009 DME PROVIDER MANUAL.

The DME Provider Manual has been updated to reflect changes to the DME and prosthetic/orthotic services policy, coverage criteria, and prior authorization requirements. Please review all information below that pertains to your practice.

Summary of changes (please refer to the manual for full details)

General policies that have been changed

- The electronic version of this manual will be a constant source of the most up to date information. Any policies that change in the future will be archived so that history is on record, but the current manual is maintained. Providers will no longer have to keep track of a library of Provider Bulletins updates. The manual can be accessed at http://wyequalitycare.acs-inc.com/manuals/Manual_DME_Covered_Services.pdf
- RA Banners will replace provider bulletins to convey information about changed policies. Always refer to the ACS website at <http://wyequalitycare.acs-inc.com/> for complete information.
- There are new definitions in the manual for
 - Medically necessary
 - Specialized (as it pertains to DME coverage for SNF confined clients)
 - Standard versus deluxe.



- A stamped signature will be accepted in lieu of a Physician hand signature
- A written order is not required when the documentation requirements include a CMN, and the CMN on file contains the necessary elements of a written order, including a signature (or stamped signature) from the ordering Physician.
- Please review the section on denied Prior Authorizations and the reconsideration process.

New coverage criteria policies have been added for the following equipment/supplies:

- Delivery of DME (Mileage) outside the normal service area
- Gait Trainers
- Inhalation – Controlled Dose Drug Delivery Inhalation System
- Standers / Standing Frames
- Wheelchair Seating Systems

Prior Auth Requirements have been added to the following equipment/supplies:

- Beds & Accessories
- Blood Glucose Monitoring Systems – PA required only for Continuous Glucose Monitoring Systems
- Commodes – PA required for E0170 only
- Infusion Pumps – PA required for pump rental and maintenance codes
- Orthotics
- Prosthetics
- Traction Equipment

Prior Auth is no longer required for the following equipment/supplies:

- Commodes – except for E0170
- Oxygen and Related equipment (PA requirements changed 8/1/08)
- Walkers

Significant changes have been made to the following coverage criteria policies:

- Blood Glucose Monitoring
 - Coverage has been added for Continuous Glucose Monitoring Systems; please refer to the policy for further details
- Breast Pumps
 - Please review the Documentation requirements
- Delivery of DME Outside of Normal Service Area
 - Mileage is now covered for covered equipment repairs
- Infusion Pumps, External
 - Enteral and Parenteral pumps are now subject to 10 month capped rent.
 - Routine maintenance codes can be billed after cap has been reached for infusion pumps (also refer to the Repairs/Maintenance/Labor policy)
- Lifts
 - Seat Lift Mechanisms – The lift mechanism is covered, but providers will be allowed to bill a non-covered code for the recliner, and therefore can bill the client for the chair/recliner.

- Orthotics
 - Dynasplint Systems are now allowed only as rentals.
- Repairs/ Maintenance/Labor
 - Battery changes are now covered if they require a skilled technician
 - Wheelchair repairs - CMN can be signed by ATP (instead of a Physician) and a written order from the Physician is not needed. Further, wheelchair repairs can be done, but providers need to seek Prior Auth on the same day that the repairs are completed. This is to expedite the process so that clients aren't in unsafe wheelchairs in need of repair, while paperwork is completed.
 - Wheelchair evaluations – please review the policy on requesting Prior Authorization for wheelchair evaluations.
- Ventilators
 - Ventilators are no longer subject to a rental cap.
- Wheelchair Seating Systems
 - Wheelchair seating systems are no longer limited to those under age 21.
 - For clarity of coverage criteria, wheelchair seating systems have been separated from the wheelchair policy.

Reminders about general policies:

- Medicare / EqualityCare Dual Coverage Policies – please review this section. When the client has dual coverage, Prior Auth. requirements are waived.
- Recertification is required for a long term/ongoing situation (i.e., oxygen rental, glucose strips or incontinence supplies). Please refer to the Documentation section of the manual
- To verify coverage details for any code (i.e., Prior Authorization requirements, Fee schedule allowance, details about rental, purchase, or capped rent, or whether separate EqualityCare coverage is allowed for it for SNF-confined clients), refer to the ACS website at <http://wyequalitycare.acs-inc.com/>
 - Click on "fee schedule" then review/accept terms of use.
 - Click on "Try our procedure code search here"
 - Enter the code and search

For questions,

Please contact the ACS Provider Relations Unit at:

1-800-251-1268 or 772-8401 in Cheyenne

9am-5pm (MST) Monday through Friday

For DME prior authorization requests,

Please contact ACS Bowers at (800) 230-1791

7am-4pm (MST) Monday through Friday