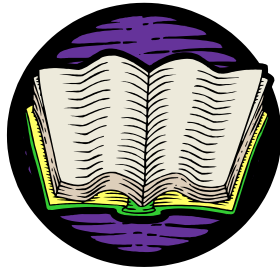


EqualityCare News

DME Policy Changes

Provider Bulletin
03-009

October 1, 2003



Wyoming EqualityCare will be implementing changes to the DME policy effective November 1, 2003. Along with the clarification of policy, and to comply with the requirements for electronic transmission of claims under HIPAA legislation, we will also begin the process of setting fees on HCPCS codes that are currently manually priced.



To help ensure proper processing of authorization requests and claims, it is important that you use the most accurate, up-to-date coding.

EqualityCare utilizes the Current Procedural Terminology (CPT) or Health Care Procedure Coding System (HCPCS) codebooks. Updated code information may also be accessed using <http://cms.hhs.gov/medicare/hcpcs>. Submitting claims with specific coding helps ensure prompt processing. When specific coding is used, EqualityCare is able to process claims without manual review and providers are reimbursed appropriately and without delay.

Some procedures and equipment have been removed from the prior authorization list. Please check the ACS website (accessible at - <http://wyequalitycare.acs-inc.com>) for updated prior authorization information.

Clarification to Policy

E1340 will be utilized for wheelchair evaluation by a non-therapist. The maximum units allowed for an evaluation or other wheelchair repairs are 8 units. Additional units may be allowed with supporting documentation.



Please keep in mind that assembly, delivery and follow-up for a new wheelchair purchase is included in the payment.

The reimbursement for K0014 will be increased to lowest invoice price (excluding dealer incentives) plus 20% plus S&H.



The following codes will be reimbursed with a fee effective November 1, 2003:

<u>CODE</u>	<u>FEE</u>
K0009 - Other manual wheelchair base	\$975.00
K0010 - Standard-weight frame motorized/power wheelchair	\$3000.00
E0756 - Implantable pulse generator	\$6892.00
E0445 - Oximeter	\$550.00

The following codes will be moved to a capped rental reimbursement effective as of November 1, 2003.

K0532- Bi Pap S	\$300.00/month
K0533- BiPap ST	\$400.00/month
E0601- Cpap	\$130.00/month
E0450- Ventilator	\$650.00/month

Liquid oxygen systems will require prior authorization effective November 1, 2003. Criteria is published below:

Wyoming EqualityCare will only allow liquid portable oxygen if documentation indicates its medical necessity.

To be considered by EqualityCare, providers must thoroughly document that a liquid oxygen system is medically necessary and is not a **convenience** item. EqualityCare requires that all liquid oxygen prescriptions include the circumstances under which the portable system will be used, explaining why a gaseous portable or stationary system would be unable to serve the same purpose as the liquid portable oxygen system.

Oxygen requests are processed using a Certificate of Medical Necessity. A complete oxygen prescription must specify:

- < Client's diagnosis
- < Oxygen flow at rest, during activity and during sleep
- < Method of delivery (e.g. mask, nasal cannula, etc)
- < Frequency of oxygen use each day
- < Duration of use



For liquid oxygen services (e.g. HCPCS codes E0442, E0444, E0435 and E0440) to be approved the **provider** must have the following:

- < A prescription for resting oxygen for a flow rate of six liters or greater
- < Submit documentation identifying activities that require the Client to utilize greater than 1440 liters of portable oxygen per week (applicable activities are those that require the patient to be greater than 50 feet away from his or her base oxygen)
- < Document the medical need for a precision flow rate that is less than two liters/minute for pediatric patients.

Clients are limited to no more than one portable and one stationary oxygen unit.

Important Changes! Please read!



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