



**Provider Notice: 0044**

**Date: 10/6/05**

**Subject: DME Policy Updates and Reminders**

**Wheelchair Accessories Not Separately Reimbursable**

*Effective Retroactively for DOS on or after 11/1/04*

Medi-Cal reimbursement for the initial (and same month of ) purchase of a manual wheelchair includes only the following selected wheelchair accessories: E0967, E0981, E0982, E0995, K0015, K0017 – K0019, K0042 – K0047, K0050, K0052, K0060, K0061, K0066, K0069 – K0072, K0076, K0077, K0081 and K0452.

Reimbursement for the initial (and same month of) purchase of power wheelchair codes K0010 – K0012 and K0014 include the following selected accessories: E0971, E0981, E0982, E0995, E2366, E2367, K0015, K0017 – K0019, K0042 – K0047, K0050 – K0052, K0081, K0090, K0092, K0094, K0096, K0098, K0099 and K0452

**Wheelchair Shock Absorbers**

*Effective Retroactively for DOS on or after 11/4/04*

Reimbursement for wheelchair shock absorbers (HCPCS codes E1015 – E1018) is limited to 2 in 12 months. Both of the shock absorbers can be billed for the same DOS.

**Wheelchair Bearings**

*Effective Retroactively for DOS on or after 11/1/04.*

The number of replacement bearings required for wheelchairs varies depending on whether the wheelchair is manual or powered. Bearings for both manual and power wheelchairs are reimbursed with HCPCS code K0452 (wheelchair bearings, any type). For claims to correctly process, providers must document in the *Reserved For Local Use* field (Box 19) of the claim, or on an attachment to the claim, whether the bearings are for a manual or power wheelchair. Frequency limits are 12 in 12 months for a manual wheelchair and 20 in 12 months for a power wheelchair. The frequency limits are to “any” provider.

## Blood Pressure Equipment

*Effective Retroactively for DOS on or after 11/1/04.*

Providers are reminded that blood pressure equipment (codes A4660, A4663, and A4670) is reimbursable only for documented malignant hypertension or End Stage Renal Disease. Claims must be submitted with one of the following ICD-9 diagnosis codes: 401.0, 402.00 – 402.01, 403.00 – 403.01, 404.00 – 404.03, 405.01, 405.09, 585 and 586,

## Nebulizer Administration Sets: Disposable/Non-Disposable

Effective for DOS on or after **4/1/05**, HCPCS code A7005 (administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable) is reimbursable only for patient-owned equipment. Claims submitted with this code must include modifier –NU (new equipment [purchase]) and document “patient-owned equipment” in the *Reserved For Local Use* field (Box 19) of the claim or on an attachment to the claim.

Code A7005 is to be used for non-disposable administration sets. Disposable administration sets are billed with medical supply code 9999A (unlisted medical supplies).

## Humidifier

Effective for DOS on or after **4/1/05**, HCPCS code E0550 (humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery) is no longer a Medi-Cal benefit. Code E0555 (humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter) is reimbursable for humidifiers used with patient-owned respiratory equipment. Code E0555 is not separately reimbursable with the rental of the equipment, and may not be billed with modifier –RR (rental). Code E0555 is reimbursed “By Report”, requires an authorization, and has a frequency limit of two per month for any provider.

## Bi-PAP Devices

Effective for DOS on or after **4/1/05**, the following bi-PAP devices may be rented or purchased.

<u>HCPCS Code</u>	<u>Description</u>
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask
E0472	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., trachotomy tube

Modifier-NU is entered on the claim to reflect the purchase. These codes are reimbursed “By Report” and require prior authorization.

## **Scooters**

Effective for DOS on or after **4/1/05**, claims for scooters that do not match the descriptor for HCPCS code E1230 (power operated vehicle [three- or four-wheel, non-highway] specify brand name and model number) should be billed with HCPCS code K0014 (other motorized/power wheelchair base). Code K0014 is “By Report” and requires prior authorization.

Power operated vehicles billed with code E1230 include all options and accessories that are provided at the time of initial purchase or within 30 days including, but not limited to batteries, battery chargers, seating systems, etc. The rental rate is \$191.70 and the purchase rate is \$1922.52

## **Modifier –Y4 Discontinued for DME and O & P**

Effective for DOS on or after **4/1/05**, modifier –Y4 (not delivered, custom-made [DME, prosthetics, orthotics]) is no longer reimbursable in connection with DME, Orthotic or Prosthetic claims. Instructions concerning reimbursement for undeliverable custom-made items are included under “*Undeliverable Custom-Made Items*” in the Orthotic and Prosthetic Appliances EDS provider manual section.

## **Documenting Taxability of ‘Unlisted’ Items**

Effective for DOS on or after **7/1/05**, ‘Unlisted’ DME codes (for example, A9900 or E1399) now require a notation in the *Reserved For Local Use* field (Box 19) of the claim, or on an attachment, that the unlisted item is taxable or nontaxable. Providers are reminded that they should bill their “usual and customary charges” and include sales tax in the billed amount on claims for taxable supplies and equipment. If sales tax is not included in the billed amount, the sales tax will not be included in the reimbursement.

## **Oxygen Equipment Supplies Not Separately Reimbursable**

Effective for DOS on or after **7/1/05**, oxygen equipment supply codes A4615, A4619, A4620, A9900 (only when billed for an oxygen system-related supply item), E0555, E1353 and E1355 are not separately reimbursable if billed during the same month with the rental of any oxygen supply system, codes E0424, E0431 and E0434.

## **Infusion Pump Supply is Separately Reimbursable**

Effective for DOS on or after **7/1/05**, HCPCS code K0552 (supplies for external drug infusion pump, syringe type cartridge, sterile, each) is separately reimbursable from equipment HCPCS code K0455 (infusion pump used for uninterrupted parenteral administration of medication) for both rented and patient-owned infusion pumps.

## **Bilateral Prosthetic Compression Burn Garments**

Effective for DOS on or after **8/1/05**, the following custom-fabricated compression burn garment codes must be billed with modifier –RT (right side) and/or –LT (left side), as appropriate, for the appliance(s) provided. Bilateral appliances may be reimbursed for the same DOS.

<u>HCPCS Code</u>	<u>Description</u>
A6504	Glove to wrist
A6505	Glove to elbow
A6506	Glove to axilla
A6507	Foot to knee
A6508	Foot to thigh