

## DME Suppliers

- All DME inquiries should be directed to Provider Relations at 701-328-4030. If they are unable to assist with a specific question or request, your call will be transferred to the appropriate administrative staff person.
- K0462 code is not to be used on a claim or prior authorization form, because the provider must submit specific HCPCS code (appended with modifier RP) that identifies the item or equipment being temporarily replaced.
- As some of you may be aware, a new DME provider manual and fee schedule will be available on the Department web site in June 2006. Part of the revisions will include:
  - a. Establishing set fees for some items that are not currently priced,
  - b. Adding information on Certificate of Medical Necessities,
  - c. Establishing a process to address requests for covering a currently non-covered code.
- Establishing a currently appropriate HCPC code is the DME Company's responsibility. If there is a code established in the HCPC Coding Book, it must be used. If during the review of prior authorizations, the administrator finds that appropriate codes are not being used, the prior authorization will be returned to the provider.

## Nutritional DME Suppliers

As of April 1, 2006, Medicaid will no longer allow any type of gastrostomy/jejunostomy tube to be submitted under the code B9998. Gastrostomy tubes of any type are to be billed only under B4086.

## Pharmacy Providers that Supply Durable Medical Equipment

Since the August 2005 system change due to HIPAA, pharmacies started billing DME like all other providers. Listed below are areas of clarification.

1) It is essential that pharmacy providers obtain a current HCPC Coding Book to assist them in determining the appropriate code to use for each item. The Department cannot provide anyone with a HCPC Code. If a pharmacy is unable to find a HCPC code for a specific item, they should work with the company supplying the item to determine the appropriate HCPC. The code determines how a product is paid, be that in units, as a single item, or as a pair. Brand names are not a consideration. Calls concerning approvals/ denials should all be directed to Provider Relations at 701-328-4030 or 701-328-4043.

2) The Department's website (<http://www.nd.gov/humanservices/services/medicalserv/medicaid/provider.html>) lists the HCPC codes covered and the assigned fees.

3) In June 2006, the Department will publish a new Manual and update the fee schedule.

4) Some products always require a prior authorization, such as nutritional supplies, incontinence products, rental items, labor or repair charges over \$500, equipment or supplies at or above \$500, items purchased on a monthly basis that exceeds \$500. Please review the DME manual to see if there are any particular rules and guidelines that apply to the product that you are providing.

5) Claims must be submitted on a CMS/1500 form to be processed by Medicaid. Questions on how to bill a CMS/1500, why a claim did not go through, etc. should be directed to Provider Relations. If Provider Relations cannot answer the question, it will be forwarded to the appropriate administrative staff person.

6) If pharmacies have questions concerning billing or how to fill out the CMS/1500 form, call Provider Relations at 701-328-4030.