



DME Bulletin

Volume 4: Number 1

Fall 2007

Upcoming Workshop

As some of you may have noticed, you have not received an invitation for the Santa Barbara Regional Health Authority's (Authority's) DME, Hearing Aid and Orthotic/Prosthetic Workshop typically held in the fall of each year. Please don't worry that you have missed something . . . we will still be having a workshop; however, we have decided to postpone it to the beginning of 2008. With the upcoming Medi-Cal program in San Luis Obispo County, the San Luis Obispo Health Initiative (SLOHI), becoming effective March 1, 2008, we wanted to combine the workshop for both counties to address this new program as well as other topics of interest specific to your services and products. You should be receiving an invitation to this informative event in January 2008. If you have any questions in the meantime or would like to suggest a topic of interest to be covered, please contact Jennifer Fraser, Provider Services Representative, at (805) 685-9525, ext. 1674.

Other Health Coverage (OHC) Policy

Some Authority members have primary insurance through a commercial insurance carrier referred to as Other Health Coverage (OHC). In these cases, the Authority becomes the secondary payer to the OHC. In addition, the Authority does not approve prior authorizations unless the OHC has been billed and has denied payment for a valid reason.

If the OHC *denies the claim*, providers can submit a Treatment Authorization Request form (TAR 50-1) with copies of the OHC denial EOMB, the physician's prescription and all the medical justification required for determination by the Authority's Utilization Review staff.

If the OHC *pays the claim* and the Authority's allowable for those procedure codes has not been exceeded by their payment (and any other secondary insurance's payment), please do **not** submit for prior authorization; please submit claims for any subsequent payment due with copies of all the EOMBs that apply.

Prescription (Rx) Documentation

Durable Medical Equipment (DME), Medical Supply, Hearing Aid and Orthotic / Prosthetic providers are required to obtain a prescription from the member's Primary Care Provider (PCP) or other qualifying physician. *Any physician can write a prescription for an Authority member.* The physician prescription does not need to be attached to the claim; it should be placed in the member's medical chart. From time to time, Authority staff will audit our providers to ensure the prescription is indeed on file.

When billing for products requested through a prescription, providers must include a remark in the "Reserved for Local Use" section (box 19) of the CMS-1500 claim form. Please include the name of the physician as well as their provider number. For example, the following verbiage is appropriate for indicating a prescription is on file:

- **Prescription on file from Dr. "Full Name", NPI 1234567890**

If you have any questions regarding the prescription requirement, please contact your Claims Representative.

In This Issue

- **Upcoming Workshop**
- **Other Health Insurance (OHC) Policy**
- **Prescription (Rx) Documentation**
- **Medical Supplies - Attachment Requirements**
- **Medi-Cal Allied Health Provider Manual – New Entry**
- **Claims Department Staff Changes**
- **Claims and TAR Status Reports**
- **Power Operated Vehicle and Wheelchair Base Codes**
- **Holiday Closures**

Medical Supplies - Attachment Requirements

The Authority follows the Medi-Cal guidelines in regards to documentation of medical supply claims as set forth in the “Medical Supplies: Billing Examples” (mc sup ex) of the Medi-Cal Manual. As required for these claims, all manufacturer codes and catalog numbers must be documented through an invoice or catalog page. The following are the required elements for medical supply documentation to be attached to the claim.

Invoice Requirements:

- Invoices must not be altered
- Invoices must include the following elements:
 - Manufacturer/Distributor – name and address of company from whom supplies were purchased
 - Bill to – name and address of company being billed for medical supplies
 - Invoice Number – number assigned to purchase of supplies from supplier
 - Quantity – total quantity received by provider
 - Item/UPN Number – product number of UPN number of item purchased
 - Shipping Units – unit of measurement that the product is packaged in when received by provider, i.e., box, case or each
 - Description – description of product purchased
 - Unit Price – price of unit size purchased
 - Discounts – amount of discount, if any, must be reported and applied to the purchase price
 - Total Amount – total amount for the number of shipped units purchased including any discounts given

Catalog or Price List Requirements:

- Lists must not be dated more than five (5) years prior to date of service (DOS)
- The type of catalog or price list must be included in the title of the document. Acceptable types of catalogs or price lists include Manufacturer’s Wholesale, Dealer and Distributor
- Pricing columns on the catalog or price list must include one or more of the following types of pricing:
 - Average Wholesale Price (AWP) – catalog or price lists that contain only an AWP pricing column will not be accepted
 - Suggested Wholesale Price (SWP)
 - Suggested Wholesale Resale (SWR)
 - Unit Price
 - Net Price
 - Quantity Discount
 - Contracted Price
 - Case Price
- Catalogs and price lists must include the package quantities
- A copy of the front cover of the catalog or price list must accompany the page(s) from each source catalog or price list when the individual page(s) does not contain an identification of the type of catalog and a date.

If you have any questions regarding medical supply documentation in the form of an invoice, catalog or price list, please contact Tess Limjoco, your Claims Representative, at extension 1061.

Medi-Cal Allied Health Provider Manual – New Entry

In July 2007, two new pages were added to the “Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories” document within the DME Allied Health Medi-Cal Provider Manual. The new section, titled “Wheelchair Accessories Not Separately Reimbursable” lists the procedure codes that are included in the reimbursement of the initial purchase of a wheelchair when provided within the same month of service and therefore are not separately reimbursable.

Holiday Closures

The Authority will be closed on **Tuesday, December 25th** in observance of Christmas Day, **Tuesday, January 1st** in observance of New Years Day as well as **Monday, January 21st** in observance of Martin Luther King Day. We would like to wish all our providers and their families a happy and safe holiday season!

Claims Department Staff Changes

Recently, there have been some staff changes in regards to your Claims Representatives. Stephanie Munoz has transferred to our Pharmacy Department whereas Linda Kelch has left the organization. We wish them much luck in their new endeavors.

The following are the Claims Representatives for your provider type who can answer your questions regarding billing the Authority:

- *Durable Medical Equipment / Medical Supplies*
 - Tess Limjoco, extension 1061
 - Roxanne Euglow, extension 1053
- *Hearing Aids*
 - Roxanne Euglow, extension 1053
- *Orthotic / Prosthetic*
 - Roxanne Euglow, extension 1053

Power Operated Vehicle and Wheelchair Base Codes

In the July 2007 *Medi-Cal Update*, billing restrictions were published for power operated vehicle HCPCS code E1230 and power wheelchair HCPCS codes E1239, K0010, K0011, K0012 and K0014, effective for dates of service on or after September 1, 2007. The effective date for these billing restrictions has been changed.

Effective for dates of service on or after **November 1, 2007**, reimbursement for these codes is restricted to repair only (except when K0011 is used to bill for an iBOT wheelchair). Claims billed with modifier RP must include documentation that the repair is for patient-owned equipment. Any claims for the rental (code billed with modifier RR) or purchase (code billed with modifier NU) of these codes (except as noted for an iBOT with code K0011) for dates of service on or after November 1, 2007 will be denied.

Claims and TAR Status Reports

Authority staff continues to explore ways to assist our contracted network providers to decrease paperwork, and we feel the strides we have made in making claims payment and adjustments, checking eligibility, and submitting Treatment Authorization Requests available through our website, www.sbrha.org, has helped us to meet these goals. Providers have the ability through our website to run status reports for submitted claims and Treatment Authorization Requests (TARs).

- The **Authorization Report** allows a provider to see all authorizations that were submitted during a specific time period as well as their status; in addition, this report can be run for a specific member showing all authorizations submitted for that member for a specified period of time.
- The **Claims Status Report** allows a provider to review all claims that have been submitted to date that are payable, deniable or pending. The report is specific to the Authority program.

To assist providers with the functions available in the restricted section of the website, Authority staff has created a "Website Guide" to assist you located in "Manuals" under the "For Providers" section. If you currently do not have access but are interested in obtaining access to the restricted area of the website, please contact the Webmaster at webmaster@sbrha.org for a username and password. For new and current users, your Provider Services Representative would be happy to answer any questions about the website or perform a website demonstration to your office staff. Please contact Jennifer Fraser, Provider Services Representative, at extension 1674 to schedule an appointment.

The DME Bulletin is produced as a timely supplemental information service for our contracted DME providers and is published semi-annually by the Provider Services Department. Questions and/or suggestions for articles may be made to:
Jennifer Fraser (jennifer@sbrha.org) or Jim St. Ours (james@sbrha.org) at 110 Castilian Drive, Goleta, CA 93117-3028, or by calling (805) 685-9525 or (800) 421-2560, extension 1676.

CenCal Health

SBRHA is changing its name as of January 1, 2008 to CenCal Health. As we have matured as an organization and expanded our partnership with San Luis Obispo County, a fresh identity was needed to better convey our mission, vision, and values. In addition, this new name reflects the unique qualities of our geographic service area which includes both Santa Barbara and San Luis Obispo Counties. Please watch for our new logo as we begin to roll out our new identity in January.



**Santa Barbara
Regional Health Authority**
110 Castilian Drive
Goleta, CA 93117-3028

