



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Riverview Center

150 Broadway

Albany, New York 12204-2736

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

January 11, 2006

Re: CSC Fax Capability  
DME Prior Approval Bypass for Emergencies

Dear Provider:

Two new processes affecting Durable Medical Equipment providers will be effective on January 23, 2006:

- The first process involves the ability to fax information to the fiscal agent Computer Sciences Corporation, CSC. This includes responses to 'Missing Information' and 'Invoice' letters, requests for prior approval changes, and scannable attachments to electronically submitted prior approvals.
- The second process allows for a bypass of the Prior Approval requirements for clients in emergency circumstances.

Enclosed are the articles which appear in the January 2006 issue of the Medicaid Update providing the details of these new capabilities.

NOTE: An error contained in the article on the emergency process in lieu of prior approval that appears in the Medicaid Update has been corrected in the enclosed version. The wording of the last bullet of Item #4 should correctly read "The claim will bypass the prior approval requirement."

We are pleased to announce these latest processes as we work together towards ensuring client's needs are met in a timely fashion.

Sincerely,

A handwritten signature in cursive script that reads "Joan Johnson".

Joan Johnson, Director  
Division of Medicaid Fraud Control  
and Program Integrity

Enclosures

## **NEW PRIOR APPROVAL FAX CAPABILITY**

**Effective January 23, 2006**, materials in support of submitted prior approvals may be faxed to Computer Sciences Corporation (CSC). These materials must be on 8.5" X 11" plain background paper (which is scannable), **and must be submitted with one of the following:**

- **Return Information Routing Sheet [including the routing sheet for invoices]**
- **Prior Approval Change Request Form**
- **Electronic Transaction Attachment Scanning Sheet**

These forms contain the key information (prior approval number and Reviewer ID as appropriate) to match the faxed materials to the original prior approval. These forms will be revised to include the CSC fax number and a place for your fax number.

**Only the revised form will be accepted via fax for processing.**

CSC will fax back to the sender a cover sheet of explanation when an unreadable fax is received. There will be no change in where you obtain the forms (e.g., **Return Information Routing Sheet** comes with a **Missing Information Letter** or **'Invoice' Letter**, and both the **Prior Approval Change Request** form and **Electronic Transaction Attachment Scanning Sheet** are available on the eMedNY website).

The original Prior Approval Request will still be required to be submitted to CSC via paper, electronic 278 or ePACES submission. This will be the source of the prior approval number that needs to be recorded on the appropriate form or sheet above.

Questions? Please call CSC at (800) 343-9000

## **Emergency Procedures for Durable Medical Equipment Requiring Prior Approval**

The following procedures will be available to Durable Medical Equipment (DME) providers for dates of service on and after January 23, 2006, for emergency situations in lieu of requesting normal prior approval. Following the procedures described below you will be able to bypass the prior approval requirement when an emergency situation occurs.

### **Definition:**

An emergency medical condition (for Medicaid) is defined in 42 CFR 440.255(c) as:

"a medical condition . . . manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part."

**Only a qualified ordering practitioner may determine, using his or her professional judgment, whether a situation constitutes an emergency.** The ordering practitioner's documentation of the specific need for emergency must be maintained in the patient records of the ordering practitioner and DME provider, along with the fiscal order. **In such emergency situations, prior approval is not required.**

### **Process to Bypass Prior Approval:**

DME providers must indicate the service is of an emergency nature by using the Emergency Indicator on the paper claim form [Box 16a on the paper Claim Form 15001] or electronic claim [Loop 2400(Detail), DE 0884 of the 837P].

There are several different situations which may occur:

- The service requiring prior approval has a HCPCS procedure code and price identified in the DME Fee Schedule;
  - The service requiring prior approval has a HCPCS procedure code but there is no price identified in the DME Fee Schedule;
  - There is no HCPCS procedure code that identifies the service;
  - The service is a repair of an item with a HCPCS code and price; or
  - The service is a repair of an item without a HCPCS code or price.
1. For DME services that have a **HCPCS procedure code and a price on file**:
    - Indicate emergency by completing the Emergency Indicator field on either the paper or the electronic claim form.
    - The claim will bypass the PA requirement and pay the amount on file.
  2. For DME services that have a **HCPCS procedure code but no price identified** on the DME Fee Schedule (the Price column reads PA) the claim must be submitted on paper and must include the vendor invoices to support the claim as attachments:
    - Indicate emergency by completing the Emergency Indicator field on the paper claim form.
    - The claim will bypass the PA requirement and pend for Edit 00126 [ AMOUNT CHARGED OVER SCREEN PRICE; REQUIRES MANUAL PRICING (DOH)] for manual pricing. The vendor invoice information will be used to price the claim.

3. For equipment with **no HCPCS procedure code** to identify the service – see ‘Exceptions’ below.
4. For emergency **repairs on equipment with a HCPCS procedure code and price** on file:
  - Indicate emergency by completing the Emergency Indicator field on either the paper or the electronic claim form.
  - Use the appropriate HCPCS procedure code with the modifier “**-RP**”.
  - The claim will bypass the PA requirement.
5. For repairs on equipment being repaired which have **no HCPCS code or no price** listed in the DME Fee Schedule:
  - Indicate emergency by completing the Emergency Indicator field on either the paper or the electronic claim form.
  - Use procedure code A9900 on the claim but without modifier “**-RP**”.

The fee for A9900 has been increased to \$250, effective for dates of service on and after January 23, 2006. Claims with the Emergency Indicator will pay up to \$250 without prior approval.

- If the charge for emergency A9900 repairs is greater than \$250, the claim **must be submitted on paper with an attached itemized invoice**. The claim will bypass the PA requirement and pend for Edit 00126 [AMOUNT CHARGED OVER SCREEN PRICE; REQUIRES MANUAL PRICING (DOH)] for manual pricing based. Providers will be paid actual acquisition cost by manufacturer’s invoice plus 50%. Acquisition cost is net any discounts and does not include mailing, shipping, handling, insurance costs or any sales tax.

If a prior approval is subsequently requested for non-emergency repairs on equipment previously repaired on an emergency basis by the same provider, the provider must supply the emergency repair fiscal order and practitioner documentation of need with the current prior approval request.

### **DVS**

Urgent supply and respiratory items are available through the Dispensing Validation System (DVS) and do not require prior approval.

### **Rental:**

Rental of acceptable alternatives is available to address the urgent needs of clients awaiting receipt of specific items of DME otherwise requiring prior approval.

### **Exceptions:**

This process **cannot** be utilized for initial purchase of items using the miscellaneous services code, E1399 or K0108, or where an otherwise approved code does not exist. The Department must be assured that any item being claimed using these codes are federally reimbursable.

### **Auditing:**

As with all Medicaid services, the use of the emergency process, in lieu of prior approval, will be periodically reviewed and audited.