



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Riverview Center 150 Broadway, 4<sup>th</sup> Floor Albany, New York 12204

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner*

January 14, 2005

Dear Durable Medical Equipment Providers and Orderers:

This correspondence is to clarify any misconceptions among New York City providers that they are being held to different standards for the approval of durable medical equipment (DME) under Medicaid. Our priority is to offer assistance to providers to ensure compliance with long-standing rules.

We understand the critical importance of providing New Yorkers in need of assistance with access to DME. It is important to have the most efficient, consumer-friendly prior approval system in place to make certain that the consumer can maintain independence and a quality lifestyle.

To make this process more efficient and effective, we are encouraging providers to refer to their DME MMIS Provider Manual for assistance in completing the DME application. Enclosed please see instructional information that will assist you with the prior approval process. This supplemental information should be used as a guide to better understand your DME MMIS Provider Manual and better expedite determinations on your requests.

The New York State Department of Health's Office of Medicaid Management now handles all prior approval requests that were previously handled by the Department's Metropolitan Regional Office. Relocating the prior approval process to Albany better ensures that Medicaid reimbursement guidelines and requirements will be applied consistently statewide.

To expedite changes to the prior approval process, our office provided training to 120 Durable Medical Equipment Providers at the Metropolitan Regional Offices on December 28, 2004, and will be conducting an informational meeting in New York City on January 18, 2005. A third informational meeting is being scheduled for February 7, 2005 for those who were unable to make the first two meetings. This office also continues to work cooperatively with the New York Medical Equipment Providers Association (NYMEP) to assist New York City area providers.

Durable Medical Equipment Providers should work with the ordering physician or evaluating therapist to adequately document the patient's needs. It is essential that a justification be provided as part of the original prior approval application.

The Office of Medicaid Management has posted the DME MMIS Provider Manual online under the heading tab (Provider Manuals) on the eMedNY Website ([www.eMedNY.org](http://www.eMedNY.org)). This will be a very convenient reference tool for Durable Medical Equipment Providers as they work with health providers to ensure that every consumer's needs are met individually. It will also assist DME Providers, ordering physicians and evaluating therapists in filing the required paperwork with the Office of Medicaid Management to ensure that the consumer's needs are met in a timely manner.

Your patience and compliance with the State's prior approval process for DME will help strengthen the New York State Department of Health's goal of providing New Yorkers with access to high quality health care. You are an important part of New York's world-class health care system and we look forward to working with you through this process. Please contact the State Health Department at 1-800-342-3005 if you have any additional questions or to let us know that you would like to attend the third informational meeting.

Sincerely,

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

Joan E. Johnson, Director  
Division of Medicaid Fraud Control  
and Program Integrity  
Office of Medicaid Management

Enclosure

## **Supplemental Information for Durable Medical Equipment MMIS Provider Manual (DME MMIS Manual)**

In order to minimize delays in the prior approval process, DME and supply providers are reminded of the following:

- Items being ordered that meet the definition provided in the DME MMIS Provider Manual (Manual) must be coded correctly. Codes for each definition are specified in the Manual.
- Items being ordered that are authorized via the electronic Dispensing Validation System (DVS) have a Maximum Reimbursable Amount (MRA). Only requests for override of the programmed quantity and frequency limits will be considered, when submitted medical documentation justifies a greater amount. Written prior approval requests intended to override the MRA are not appropriate and will have to be returned without processing.
- For general information and instructions regarding prior approval requests please turn to page 4-1 of the Manual. You will need to refer to this section before submitting prior approval requests.
- Specific instructions and required documentation for Wheeled Mobility Equipment are listed on page 4-36 of the Manual. Please make sure that all supporting documentation is submitted with the original prior approval request to avoid missing information inquiries and delays.
- Coded items for billing purposes must be presented correctly to ensure appropriate reimbursement.
- If you have additional questions please call the Medicaid Hotline (1-800-342-3005)

# REGISTRATION FORM

New York City Area

Prior Approval Informational Session

Monday, February 7, 2005

10 am – 1 pm, Room 302, 5 Penn Plaza, New York, NY  
(8<sup>th</sup> Ave. between 33<sup>rd</sup> and 34<sup>th</sup> St.)

*This session is designed to assist providers, orderers, case managers and therapists with the recent transition of DME prior approval review from the New York City Area Office to the Bureau of Medical Review and Payment (BMRP), Office of Medicaid Management, in Albany. Healthcare professionals serving Medicaid recipients in New York City and Westchester, Orange, Putnam, Rockland, Suffolk, Nassau, Dutchess, Sullivan and Ulster counties are welcome to attend.*

*Seating is limited to individuals, companies or agencies who could not attend the December 28, 2004 or January 18, 2005 sessions. Please note you should arrive early and you must present a valid ID to building security. Only registered participants will be allowed in the building.*

## REGISTRATION BY FAX ONLY

### FAX THIS FORM TO:

Bureau of Medical Review and Payment  
at (518) 473-6708 attn: Mr. Bick

REGISTRATION DEADLINE: FEBRUARY 1, 2005

You will receive confirmation by February 3, 2005

Name: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_