

## PROVIDER BULLETIN

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## PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

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### COMMODOES, BED PANS, URINALS

Effective for dates of service on or after January 15, 2009, the following procedure codes for commodes, bed pans and urinals will require pre-certification. To be approved, requests must meet the medical criteria established by MO HealthNet Division (MHD). Medical criteria documents may be found at [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd).

Procedure Code	Mod	Description
E0163	NU	Commode chair; mobile or stationary, with fixed arms
E0163	RR	Commode chair; mobile or stationary, with fixed arms
E0165	NU	Commode chair, mobile or stationary, with detachable arms
E0165	RR	Commode chair, mobile or stationary, with detachable arms
E0168	NU	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type
E0168	RR	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type
E0275	NU	Bed pan; standard, metal or plastic
E0276	NU	Bed pan; fracture, metal or plastic
E0325	NU	Urinal; male, jug/type, any material
E0326	NU	Urinal; female, jug/type, any material

## **COMMODOES CURRENTLY BEING RENTED**

MO HealthNet currently requires the DME provider to have a Certificate of Medical Necessity for a commode in the participant's file. Thus, the documents do not exist with MO HealthNet to convert current commode rentals to a pre-certification. For this reason, DME providers may contact the call center at 1-800-392-8030 to request pre-certification for continuation of commode rentals. Call center staff will verify the rental start date with the provider and MO HealthNet claim records.

## **RENTAL REIMBURSEMENT OF COMMODOES**

Effective for dates of service on or after January 15, 2009, the monthly reimbursement for the rental of procedure codes E0165 and E0168 is being changed to allow the purchase price to be met after ten months of rental reimbursements (rental of procedure code E0163 is currently at this rate). The maximum allowable rental reimbursement for these codes will be as follows: E0165 - \$13.60; E0168 - \$15.09. Commode rentals necessary for less than ten months will be approved for rental; for utilization necessary for ten months or more, a purchase will be approved.

## **INITIATING PRE-CERTIFICATION REQUESTS FOR DME**

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by an authorized DME prescriber who writes prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, podiatrists, and nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – [CyberAccess<sup>SM</sup>](#) - which automates the pre-certification process.

To become a CyberAccess<sup>SM</sup> user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an e-mail to

<mailto:MOHealthNetCyberaccess@heritage-info.com>. The CyberAccess<sup>SM</sup> tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 1-800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the [MHD Web site](#) prior to implementation. If

a pre-certification request submitted through CyberAccess<sup>SM</sup> is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet Internet Web portal at [www.emomed.com](http://www.emomed.com).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**

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