

North Carolina

Medicaid Special Bulletin

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Division of Medical Assistance

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October 2015

**Attention:
Durable Medical Equipment (DME) Providers**

New Process and Updated Effective Date on the Provision of Select DME Codes on the Date of Discharge from a Hospital

REVISION TO:

**“New process on the Provision of Select DME Codes on the
Date of Discharge from a Hospital”**

*Providers are responsible for informing their billing agency of information in this bulletin.
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Effective Nov. 2, 2015, Durable Medical Equipment (DME) providers requesting select DME codes that require prior approval can electronically submit a prescriber's (physician, physician assistant or nurse practitioner) order and a hospital discharge summary using the NCTracks provider portal.

Note: There has been no change in the criteria listed in Clinical Policy 5A, *Durable Medical Equipment and Supplies*. All Clinical Policy 5A criteria still apply with this new process.

DME providers will no longer be required to submit the signed Certificate of Medical Necessity Prior Approval (CMN PA form 372-131) for select DME codes at hospital discharge.

For the select DME codes below that do **not** require prior approval, providers are required to keep the prescriber's order and hospital discharge summary on file.

DME codes with an asterisk (*) require prior approval.

DME Code	Description
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E1390*	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED RATE; NOTE 1 - MODIFIERS QF & QG USED WITH MODIFIER RR WILL INCREASE REIMBURSEMENT TO 150% OF RATE (Used when prescribed amount of oxygen is greater than 4LPM)
E1392*	PORTABLE OXYGEN CONCENTRATOR
E0431*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING

DME Code	Description
E0434*	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING
E0439*	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS
E0250*	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0255*	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0260*	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0265*	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0303*	HOSPITAL BED HEAVY DUTY , EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS
E0304*	HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS
K0001*	STANDARD WHEELCHAIR
K0002*	STANDARD HEMI (LOW SEAT) WHEELCHAIR
K0003*	LIGHTWEIGHT WHEELCHAIR
K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR
K0006*	HEAVY DUTY WHEELCHAIR
K0007*	EXTRA HEAVY DUTY WHEELCHAIR
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH
K0195*	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS
E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT

*requires prior approval

Additional Resources

For more information about the new hospital discharge process on select DMES codes, consult **Clinical Coverage Policy 5A, Durable Medical Equipment and Supplies**, at www2.ncdhhs.gov/dma/mp/dmepdf.pdf:

- **Section 5.3.29 Provision of DMES on the Date of Discharge from a Hospital**
- **Attachment B**

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