

# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

JULY 7, 2014

*ATTN: PROVIDERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)*

## EFFECTIVE 9/1/14, HIGHMARK TO ADJUST FEES FOR SELECT DMEPOS ITEMS

### **FEE CHANGES SET FOR CONTINUOUS GLUCOSE MONITOR SUPPLIES; HOSPITAL BEDS; NEBULIZERS AND SUPPLIES; AND WALKERS**

Highmark routinely reviews its fee schedules and reimbursement rates and makes adjustments as necessary to maintain appropriate and reasonable payments to providers, to reflect current factors and trends in the marketplace and to manage rising health care costs for our members and group employer customers. As a result of this process, effective with dates of service of Sept. 1, 2014, and beyond, fees will be adjusted for select procedure codes for continuous glucose monitor supplies; hospital beds and related items; nebulizers and related supplies; and walkers provided to all Highmark commercial and Medicare Advantage members. The impacted procedure codes are listed in the charts on the following pages.

Please remember to use NaviNet® or the applicable HIPAA electronic transactions to verify the member's benefits and eligibility before delivering services or DMEPOS. As always, the individual member's benefit structure will determine coverage, and Highmark medical policy will apply.

### **FEES AVAILABLE IN NAVINET**

NaviNet users can easily access current Highmark fees for any procedure code via the Highmark NaviNet system. However, please remember that the adjusted fees for the procedure codes listed in the following charts won't be reflected in NaviNet until Sept. 1, 2014.

If you have questions regarding this Special Bulletin, please contact your Provider Relations Representative or Provider Relations Consultant.

**(continued)**



Camp Hill, PA 17089

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**Continuous Glucose Monitor Supplies**

<b>Code</b>	<b>Description</b>	<b>Adjusted Fee, Effective 9/1/14</b>
A9277	TRANSMITTER EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING	\$575
A9278	RECEIVER (MONITOR) EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	\$575

**Hospital Beds and Related Items (70 percent of the Pennsylvania region CMS payment rates)**

<b>Code</b>	<b>Description</b>
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0271	MATTRESS, INNERSPRING
E0272	MATTRESS, FOAM RUBBER
E0280	BED CRADLE, ANY TYPE
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0305	BED SIDE RAILS, HALF LENGTH
E0310	BED SIDE RAILS, FULL LENGTH
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR

E0940 | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR

**Nebulizers and Related Supplies (70 percent of the Pennsylvania region CMS payment rates)**

<b>Code</b>	<b>Description</b>
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER
A7015	AEROSOL MASK, USED WITH DME NEBULIZER
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN NU
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML
E0191	HEEL OR ELBOW PROTECTOR, EACH
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION MANUAL OR AUTOMATIC VALVES INTERNAL OR EXTERNAL POWER SOURCE
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER NU
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER NU

**Walkers (70 percent of the Pennsylvania region CMS payment rates)**

<b>Code</b>	<b>Description</b>
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT NU
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE

E0154	PLATFORM ATTACHMENT, WALKER, EACH
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR NU
E0156	SEAT ATTACHMENT, WALKER NU
E0157	CRUTCH ATTACHMENT, WALKER, EACH NU
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4) NU
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH NU