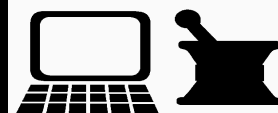


DME Notes



P.C. Solutions

September 28th, 2005

Important information for DMEFree & RxDME2000 users

Calendar Update

Friday September 30th,

Office closed, claim processing done on normal schedule.

Tuesday Oct 4th,

Office closed, claim processing will be run in the afternoon claims will be sent to DMERC before deadline

Support Notes:

To obtain the quickest response during these two days please start by sending us an email to Support@dmeffree.com

If you do not have email you can go to www.dmeffree.com and click on the links...

[Send us a message form](#)

Or [Send us a message form](#)

Or call our Voice mail at 860 974 1156

Wheelchair CMNs – Transition Instructions (DMERC)

On August 21, 2005 the Centers for Medicare and Medicaid Services (CMS) announced its plan to eliminate the use of Certificates of Medical Necessity (CMNs) for manual wheelchairs, power operated vehicles (POVs), power wheelchairs, and related accessories. This applies to claims with dates of service on or after May 5, 2005, the effective date of the new National Coverage Determination (NCD). Because of the need for major system changes by CMS, this cannot be fully implemented until April 2006. Until then, suppliers must submit partially completed CMNs with initial claims for these items.

Effective for claims with dates of service on or after May 5, 2005 that are received on or after October 1, 2005 suppliers may follow these instructions concerning the submission of CMNs for manual wheelchairs, POVs, and power wheelchairs:

* The physician does not need to review, complete, or sign any part of the CMN.

* For CMNs that are transmitted electronically:

Section A: Enter the "date of service" (i.e., the delivery date) in the "Initial" date field.

Section A: Enter information in all required fields as is currently being done, including HCPCS codes for the wheelchair base and all accessories which require a CMN.

Section B: Enter 99 in the "Estimated Length of Need" field.

Section B: Enter the primary diagnosis in the "Diagnosis Codes" field.

Section B: Enter "D" as the answer to all questions. Exception: Enter "24" for question #5 on the manual wheelchair and power wheelchair CMNs.

Section C: Leave blank.

Section D: Enter a "Yes" in the "Physician's Signature" field. Enter 5/5/05 in the "Signature Date" field.

* For CMNs that are sent hard copy, only complete section A. All other sections of the CMN should be left blank.