

Durable Medical Equipment (DME) Fee Schedule Questions and Answers

General Questions	
QUESTION	ANSWER
1. When was the DME Fee Schedule established?	The permanent regulations to establish the fee schedule for DME was adopted by the Chair of WCB on November 6, 2012. The emergency regulations began in July 11, 2007.
2. Where can I get the DME Fee Schedule?	The DME Fee Schedule is available on the Board web site: http://www.wcb.ny.gov/content/main/hcpp/FeeSchedules.jsp
3. Is it true that the WC DME fee schedule is the same as the Medicaid DME fee schedule for New York State?	Yes, The Workers' Compensation Board has adopted the NYS Medicaid durable medical equipment (DME) fee schedule. The Medicaid provider manual for durable medical equipment and the policy guidance do not apply to workers' compensation except to the extent such documents contain the Medicaid durable medical equipment fee schedule. Application of the durable medical fee schedule is based on Workers' Compensation statute, rules and regulations in addition to the durable medical equipment fee schedule. Only the Board in the exercise of its adjudicatory function is authorized to determine entitlement to benefits based on the specific facts of a given claim and the application of the law to those facts.
4. Is it true that No-fault cases follow the WC DME fee schedule?	Yes, no-fault cases use the WC DME fee schedule. However, no-fault cases may be subject to differing interpretations. For information regarding no-fault insurance, contact NYS Department of Financial Services at http://www.dfs.ny.gov . No-fault cases are subject to different interpretations.

Injured Worker Questions

QUESTION	ANSWER
<p>1. I need a DME supplier to fill a prescription for treatment of a work injury. Where can I find a list of DME suppliers in my local area?</p>	<p>The Board does not authorize DME providers and does not have lists of DME providers as referrals. Please contact your claims adjuster for assistance. You can also search online or use telephone resources to locate a DME supplier in your local area.</p>
<p>2. I attempted to fill my DME prescription at a nearby DME supplier, but my carrier/self—insured employer directed me to get my DME item at another DME supplier. Is this allowed?</p>	<p>A. If your carrier/self-insured employer has a PPO arrangement, you can be directed to receive your DME supplies at designated DME suppliers. OR, B. If there is no PPO arrangement, the carrier/ self-insured employer can ONLY recommend the use of a specific DME supplier – you can choose any DME supplier.</p>
<p>3. I had to pay for some of the DME expenses out-of-pocket. What should I do?</p>	<p>You should not have to pay out-of-pocket expenses for DME items. However, if you did pay, please contact your claims adjuster so that you can claim for these expenses.</p>
<p>4. I had to pay for some of the DME expenses out-of-pocket. A. The claims adjuster has not responded to my claim, OR B. Denied my claim for out-of-pocket expenses. What should I do?</p>	<p>File a RFA-1W (Request for Assistance) form. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.</p>

DME Provider Questions

QUESTION	ANSWER
1. Do I need to be authorized by the Workers' Compensation Board to be a WC DME provider?	No, the Board does not authorize WC DME providers/suppliers in order to be able to provide DME supplies/service to injured claimants.
2. What type of WC form should I use to bill for DME supplies?	There are no relevant WC forms for billing purposes. The DME provider can use any form or the usual and customary CMS/HCFA1500 billing forms.
3. The WC DME fee for my patient's supplies is less than my usual fees. Can I charge the patient the balance between my fee and the WC DME fee schedule?	No, if you accept a Workers' Compensation patient, you must charge the fees as indicated in the WC DME fee schedule.
4. Do I need to request for prior authorization to the WC carrier or self-insured employer for DME items?	No, prior carrier authorization is not required for DME providers, but the equipment does have to be medically necessary and appropriate for a bill to be paid.
5. Can I require Workers' Compensation patients to pay up front for the DME supplies or bill a WC patient for items rendered?	No. The Workers' Compensation Law does not permit a DME provider to collect from, or bill, a WC patient for services rendered, unless a decision is issued by the Workers' Compensation Board indicating the injured worker failed to prosecute his or her claim, the claim is denied, the treatment is not causally related to the work injury, or a Section 32 agreement has been approved relieving the insurance carrier or self-insured employer of liability for medical expenses.
6. How would I charge for DME items not listed on the WC DME fee schedule?	Not all DME codes are listed on the WC DME fee schedule. Reimbursement for unlisted codes may not be payable and can be subject to the prerogative of the carrier or self-insured employer. Where possible, the provider should use similar listed codes found on the WC DME fee schedule and bill accordingly.

DME Provider Questions

QUESTION	ANSWER
<p>7. There are DME codes listed on the fee schedule that do not have a value or are blank. How would I charge for these DME items?</p>	<p>If the DME item to be purchased does not have a value on the WC DME fee schedule, the item should be billed according to the lesser of either section 442.2(a) (1) or 442.2(a)(2).</p> <p align="center"><i>(1).the acquisition cost (i.e. the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations, mailing, shipping, handling, insurance costs or any sales tax) to the provider plus 50%; or</i></p> <p align="center"><i>(2).the usual and customary price charged to the general public.</i></p> <p>If the DME item that does not have a value on the WC DME fee schedule is used as a rental item, then this rental item should be billed according to the section 442.2 (b). The monthly payment shall not exceed the fee amount allowed under the Medicaid fee schedule. In the absence of a Medicaid fee schedule for an unlisted rental code, the lesser of the usual and customary price or the Medicare rate shall be applicable.</p>
<p>8. Is code E0935 or CMP (Continuous Passive Motion) payable in WC?</p>	<p>Yes, CPM (E0935) is allowable in WC – see section E.8.a of the Medical Treatment Guidelines for knee injuries. This is a rental item payable according to the section 442.2 (b).</p>
<p>9. What is the rental payment for E0935 or CMP (Continuous Passive Motion)?</p>	<p>The monthly payment shall not exceed the amount specified in section 442.2 (b). In the absence of a Medicaid fee schedule for this rental code, the lesser of the usual and customary price or the Medicare rate shall be applicable.</p>
<p>10. Where should I send the WC DME billing forms?</p>	<p>All relevant billing forms and treatment notes should be sent to the WC carrier. Copies of all documents should be:</p> <p>A) Mailed to NYS Workers' Compensation Board, PO Box 5205, Binghamton, NY 13902-5205, OR, B) Email to wcbclaimsfilings@wcb.ny.gov OR, C) WCB Upload (https://wcbdoc.services.conduent.com/)</p>
<p>11. I do not know the patient's WC carrier. How can I get this information?</p>	<p>A. Contact the patient or patient's legal representative for this information. B. Contact the WC District office and speak to a claims examiner.</p>
<p>12. Can an insurance carrier or self-insured employer direct a WC claimant to a specific DME supplier/provider?</p>	<p>A. A carrier or self-insured employer can direct a WC claimant to a specific DME supplier/provider if there is PPO arrangement between the carrier/ self-insured employer and the PPO network. OR, B. If there is no PPO arrangement, the carrier/ self-insured employer can only recommend a specific DME provider to a WC claimant.</p>

DME Provider Questions

QUESTION	ANSWER
13. How long must I wait for payment to be made by the patient's WC insurance carrier?	Claims submitted by a DME provider to the carrier or self-insured employer shall be paid within forty-five calendar days of receipt of the claim. If the bill is disputed, carrier/self-insured employer must provide a response and can request additional information. The carrier/ self-insured employer shall have thirty days to pay the claim or provide written notice to the Board, claimant, and DME provider explaining why the claim is not being paid. Where the self-insured employer or carrier has failed to pay a claim or make reasonable request for additional information within forty-five calendar days, the self-insured employer or carrier is deemed to have waived any objection to liability for the claim and shall pay the claim.
14. The carrier/self-insured employer did not pay within the established time limits. Can I file a request for an administrative award with the WCB using the HP1 process?	No. Because DME providers are not authorized by the Board, the law does not allow for this. The DME provider should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled. Any payor that fails to reimburse the DME supplier, according to section 442.2 is also entitled to simple interest at the rate set forth in New York Civil Practice Law and Rules § 5004.
15. The carrier/self-insured did not pay my DME bill.	The DME provider should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.
16. The carrier/self-insured did not respond to my DME bill within the established time limits.	The DME provider should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.
17. The carrier/self-insured did not pay my DME bill in full.	Any payor that fails to reimburse the DME supplier, according to section 442.2 is also entitled to simple interest at the rate set forth in New York Civil Practice Law and Rules § 5004.

Medical Provider Questions

QUESTION	ANSWER
<p>1. I am a medical provider (MD, PT, OT or Chiropractor) and I received a denial from the carrier/self-insured employer for a DME bill.</p> <p>OR</p> <p>2. I am a medical provider (MD, PT, OT or Chiropractor) and the carrier/self-insured employer indicated that DME code in the bill was invalid. I verified that the DME code was listed in the WC DME fee schedule. What should I do?</p>	<p>The Durable Medical Equipment Fee Schedule does not apply to medical providers supplying durable medical equipment to injured workers as part of medical treatment described in the New York Workers' Compensation Medical Fee Schedule. Medical provider should bill DME items with CPT 99070 submitting an invoice of the item, including shipping & handling and applicable taxes. Please see Subject No. 046-245 and Ground Rule 4 – Materials supplied by physician in the WC Medical Fee Schedule.</p>
<p>3. I am a medical provider (MD, PT, OT or Chiropractor) and I have a Medicaid DME vendor license. Can I bill for DME items using the DME fee schedule?</p>	<p>Normally, the DME Schedule does not apply to medical providers (see answers above).</p>
<p>4. I am an audiologist</p>	<p>Audiologists are not considered DME providers and should NOT use the DME fee schedule. Audiologists are to be reimbursed at the usual and customary rates. Audiologists should bill using any usual and customary billing form – should NOT use C-4 family of forms. Audiologists must request for prior authorization for services exceeding \$1,000 from carrier/self-insured employer.</p>
<p>5. I am an optometrist</p>	<p>Optometrists are not considered DME providers and are not required to use the WCB DME fee schedule. A carrier may object to a bill if the charge exceeds the prevailing amount in the community for similar services. Optometrists should bill using any usual and customary billing form – should NOT use C-4 family of forms. Optometrists must request for prior authorization for services exceeding \$1,000 from carrier/self-insured employer.</p>

Insurance Carrier/Third-Party Administrator(TPA)/Self-Insured Employer Questions	
QUESTION	ANSWER
1. The DME provider submitted a bill with codes that are not listed on the WC DME Fee Schedule.	Not all DME codes are listed on the WC DME fee schedule. Reimbursement for unlisted codes may not be payable and can be subject to the prerogative of the carrier or self-insured employer. Where possible, the provider should use similar listed codes found on the WC DME fee schedule and bill accordingly.
2. What type of WC form should the DME provider use to bill for supplies?	There are no relevant WC forms for billing purposes. The DME provider can use any usual and customary medical billing forms. The C-4 family of forms are NOT to be used for DME providers.
3. The provider did not submit a C-4 Auth form for prior authorization.	The C-4 Auth forms are not relevant for DME providers. There are no relevant WC forms for prior authorization purposes. Providers can use any usual and customary forms.
4. The DME provider billed for code E0935 or CMP (Continuous Passive Motion). The DME provider insists that CPM is payable although it is not listed in the WC DME fee schedule. Is this true?	Yes, CPM (E0935) is allowable in WC – see section E.8.a of the Medical Treatment Guidelines for knee injuries. This is a rental item payable according to the section 442.2 (b).
5. What is the rental payment for E0935 or CMP (Continuous Passive Motion)?	The monthly payment shall not exceed the amount specified in section 442.2 (b). In the absence of a Medicaid fee schedule for this rental code, the lesser of the usual and customary price or the Medicare rate shall be applicable.
6. I would like to object to the DME bill. What should I do?	File C8.1 Part B -NOTICE OF OBJECTION TO PAYMENT OF A BILL FOR TREATMENT PROVIDED.