A Message to

Business Office Managers

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TO: All AmeriHealth Contracting Durable Medical Equipment Providers

FROM: Michael S. Zollenberg
Director, Hospital and Ancillary Services

DATE: September 2006

SUBJECT: Change in Criteria for the Review of Certain Durable Medical Equipment

I am writing to let you know that we will be changing the criteria we use when we review certain Durable Medical Equipment (DME) services for approval, and to point out some important updates to our DME policies.

ABOUT OUR NEW CRITERIA

Starting on October 2, 2006, we will base our approval of DME services on our medical policy criteria. You can read these policies online in the "For Providers" section of our website, www.amerihealth.com.

Our medical policy criteria will replace the McKesson's InterQual® Criteria that we have been using since 2004. We will stop using InterQual®, effective October 1, 2006.

CHANGES TO OUR DME POLICIES

Please note the following important changes in our DME policies. Please note that these revised policies will be available on our website on October 2, 2006:

- Safety enclosures **(E0316)**, bed boards **(E0273, E0315)** and over bed tables **(E0274, E0315)** are now addressed as benefit exclusions because these devices are not primarily medical in nature.
- Power seat elevation system **(E2300)** and power standing system **(E2301)** are now addressed as benefit exclusions because these options are not primarily medical in nature.
- The following battery related services are considered not medically necessary:
  - **E2360:** Power wheelchair accessory, 22NF nonsealed lead acid battery, each
  - **E2362:** Power wheelchair accessory, group 24 nonsealed lead acid battery, each
  - **E2364:** Power wheelchair accessory, U-1 nonsealed lead acid battery, each
  - **E2367:** Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
  - **E2372:** Power wheelchair accessory, group 27 nonsealed lead acid battery, each

Additionally, please review our medical policy on Bone Growth Stimulators (05.00.09c). We have made some important changes in the coverage criteria.

If you have questions about our policies, please contact our Care Management and Coordination Department at 1-800-227-3116.

If you have questions concerning this bulletin, please contact your Ancillary Service Coordinator or the Ancillary Services Department at 856-778-6500 or 732-726-6700.

We appreciate the quality service you provide to our members.

We encourage you to share this information with appropriate members of your staff.