

MEDICARE - IMPORTANT CHANGES Oct. 2009

We are no longer a Medicare Provider but we will try to help you get coverage

WHY DO WE NO LONGER DO MEDICARE??? For the last several years, Medicare has been implementing changes, one of which is to require that Durable Medical Equipment (DME) companies be "Accredited" to prove that they are honest, reputable, competent and doing their best for their customers. We certainly do not object to that idea. We have tried to provide that kind of service all the 37 years we have been in business.

The problem for us and many of the companies specializing in laryngectomee, tracheotomy and speech related companies was that the minimum cost for Accreditation was many thousands of dollars in fees and expenses and the process would take a great deal of time and paperwork. The only way we could comply would have been to hire another person and to raise prices considerably more than we recently have done. We didn't feel this would be fair to all our non-Medicare customers or to our Institutional customers and their patients. Therefore, with much regret for the serious inconvenience to our Medicare customers, we let our Medicare provider # expire at the Sept. 30, 2009 deadline and we can no longer send claims to Medicare for anyone.

We will do our best to help our customers find another way to get Medicare coverage. Following is a form that individuals may use to submit claim forms directly to Medicare as well as the instructions for this form. You may also go to: www.cms.hhs.gov/cmsforms/downloads/cms1490s-english.pdf to print your own form. If you need the form in Spanish, stop after "1490s" and you will be able to select the form and instructions in Spanish.

After the 1490S instructions is a list of the various addresses, depending on your state, to which you would submit the claims and some information on the products that may be covered and the Medicare HCPCS code numbers for them. You will need to include the diagnosis code that your doctor can provide for the condition related to the claim. Other documentation of your medical need for the product will certainly improve your chances.

Also following is the beginning of a list of companies what will still handle Medicare for laryngectomee products. Two of the larger companies specializing in laryngectomee products have Accreditation as well as many companies with a wider range of medical related items who include laryngectomee and speech related products in their inventory or will order it for people in request.

Of course, we hope that our Medicare customers will consider continuing to purchase from us and will file their own claims and/or will continue to come to us for those products that have no Medicare code - particularly many of the stoma covers and filters.

Sincerely, Tom and Dorothy Lennox and the staff at Luminaud





PATIENT'S REQUEST FOR MEDICAL PAYMENT

IMPORTANT – SEE OTHER SIDE FOR INSTRUCTIONS

PLEASE TYPE OR PRINT INFORMATION MEDICAL INSURANCE BENEFITS SOCIAL SECURITY ACT

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

1	Name of Beneficiary from Health Insurance Card (Last) (First) (Middle)	Call 1-800-MEDICARE for the address to submit your reimbursement form		
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;"> Claim Number from Health Insurance Card </td> <td style="width: 5%; padding: 2px;">Patient's Sex</td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </td> </tr> </table>		Claim Number from Health Insurance Card 	Patient's Sex
Claim Number from Health Insurance Card 	Patient's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		

3	Patient's Mailing Address (City, State, Zip Code) Check here if this is a new address <input type="checkbox"/>	3b	Telephone Number (Include Area Code) (_ _ _) _ _ _ - _ _ _ _
_____ (Street or P.O. Box – Include Apartment Number)			
_____ (City) (State) (Zip)			

4	Describe the illness or injury for which patient received treatment	4b	Condition was related to: A. Patient's employment <input type="checkbox"/> Yes <input type="checkbox"/> No B. Accident <input type="checkbox"/> Auto <input type="checkbox"/> Other
		4c	Was patient being treated with chronic dialysis or kidney transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No

5	a. Are you employed and covered under an employee health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is your spouse employed and are you covered under your spouse's employee health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If you have any medical coverage other than Medicare, such as private insurance, employment related insurance, State Agency (Medicaid), or the VA, complete: Name and Address of other insurance, State Agency (Medicaid), or VA office	
Policyholder's Name:		Policy or Medical Assistance No.
Note: If you DO NOT want payment information on this claim released, put an (X) here <input type="checkbox"/>		

I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION AND CENTERS FOR MEDICARE & MEDICAID SERVICES OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL, AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS TO ME.			
6	Signature of Patient (If patient is unable to sign, see Block 6 on reverse)	6b	Date signed

**IMPORTANT
ATTACH ITEMIZED BILLS FROM YOUR DOCTOR(S) OR SUPPLIER(S) TO THE BACK OF THIS FORM**

HOW TO FILL OUT THIS MEDICARE FORM

Medicare will pay you directly when you complete this form and attach an itemized bill from your doctor or supplier. Your bill does not have to be paid before you submit this claim for payment, but you **MUST** attach an itemized bill in order for Medicare to process this claim.

FOLLOW THESE INSTRUCTIONS CAREFULLY:

A. Completion of this form.

- Block 1. Print your name shown on your Medicare Card (Last Name, First Name, Middle Name).
- Block 2. Print your Health Insurance Claim Number including the letter at the end **exactly** as it is shown on your Medicare card. Check the appropriate box for the patient's sex.
- Block 3. Furnish your mailing address and include your telephone number in Block 3b.
- Block 4. Describe the illness or injury for which you received treatment. Check the appropriate box in Blocks 4b and 4c.
- Block 5a. Complete this Block if you are age 65 or older and enrolled in a health insurance plan where you are currently working.
- Block 5b. Complete this Block if you are age 65 or older and enrolled in a health insurance plan where your spouse is currently working.
- Block 5c. Complete this Block if you have any medical coverage other than Medicare. Be sure to provide the Policy or Medical Assistance Number. You may check the box provided if you do not wish payment information from this claim released to your other insurer.
- Block 6. Be sure to sign your name. If you cannot write your name, make an (X) mark. Then have a witness sign his or her name and address in **Block 6** too. If you are completing this form for another Medicare patient you should write (By) and sign your name and address in **Block 6**. You also should show your relationship to the patient and briefly explain why the patient cannot sign.
- Block 6b. Print the date you completed this form.

B. Each itemized bill **MUST** show all of the following information:

- Date of each service
- Place of each service

Doctor's Office	Independent Laboratory	Outpatient Hospital
Nursing Home	Patient's Home	Inpatient Hospital
- Description of each surgical or medical service or supply furnished.
- Charge for EACH service.
- Doctor's or supplier's name and address. Many times a bill will show the names of several doctors or suppliers. IT IS VERY IMPORTANT THE ONE WHO TREATED YOU BE IDENTIFIED. Simply circle his/her name on the bill.
- It is helpful if the diagnosis is also shown on the physician's bill. If not, be sure you have completed **Block 4** of this form.
- Mark out any services on the bill(s) you are attaching for which you have already filed a Medicare claim.
- If the patient is deceased, please contact your Social Security office for instructions on how to file a claim.
- Attach an Explanation of Medicare Benefits notice from the other insurer if you are also requesting Medicare payment.

COLLECTION AND USE OF MEDICARE INFORMATION

We are authorized by the Centers for Medicare & Medicaid Services to ask you for information needed in the administration of the Medicare program. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act, as amended.

The information we obtain to complete your Medicare claim is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information to a hospital or doctor about the Medicare benefits you have used.

With one exception, which is discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of the claim. Failure to furnish any other information, such as name or claim number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for the treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0008. The time required to complete this information collection is estimated to average 16 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Claims mailed directly to Medicare on the Patient's Request for Medical Payment form, CMS-1490S, should be addressed as follow, depending on the state or territory where you live:

Jurisdiction A: **CT, DL, DC, ME, MD, MA, NH, NJ, NY, PA, RI, and VT.**

DME - Specialty Claims
P.O. Box 9165
Hingham, MA 02043-9165

Jurisdiction B: **IL, IN, KY, MI, MN, OH, and WI.**

National Government Services, Inc.
DMEPOS Claims
P.O. Box 7027
Indianapolis, IN 46207-7027

Jurisdiction C: **AL, AR, CO, FL, GA, LA, MS, NC, OK, PR, SC, TN, TX, VI, VA, and WV.**

CIGNA Government Services
P.O. Box 20010
Nashville, TN 37202

Jurisdiction D: **AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, and WY.**

Noridian Administrative Services
P.O. Box 6727
Fargo, ND 58108-6727

Here are four of the most common Healthcare Common Procedure Coding System (Pronounced HixPix) codes you'll find helpful for supplies purchased from us.

We will try to put the codes on the invoices with all products. If they are not there and you are not sure of them, please contact us.

A4481 - Filters (Tracheostomy Supply) This code applies primarily to the foam stick-on filters
Allowed amounts are from 37 cents to 50 cents each. Remember that many common stoma covers do not have any code of their own and we will include the Miscellaneous code which MAY get them some coverage if you get a prescription from a doctor specifically ordering them by name. A lot depends on the individual examiner's interpretation.

L8500 - Artificial Larynx, any brand - top amounts allowed differ considerably from state to state.
Anywhere from \$494.43 up to \$755.91

L8505 - Batteries & other Artificial Larynx Parts, Supplies and Accessories -
Nno set allowed amount - varies with specific purchase

L8510 - Voice Amplifiers - Top amounts allowed are currently approximately \$215.00

REMEMBER THAT MEDICARE WILL ONLY REIMBURSE 80% of the amount it allows on any claim

**MEDICARE ACCREDITED PROVIDERS WHO HANDLE
LARYNGECTOMY, TRACHEOSTOMY and SPEECH RELATED PRODUCTS**
Products and brands handled will vary considerably from company to company

Note that most companies will require the purchaser to pay for all orders up front, then will file claims for them to get whatever reimbursement Medicare allows. A few may "Accept Assignment" - that is require only your 20% co-payment and bill Medicare for the balance - on some of the costlier products for which Medicare allows a reasonable amount. None of the companies is likely to accept assignment on all products that have Medicare codes because Medicare does not allow enough compensation for many of the items - particularly the tracheostoma filters and covers.

In any case, these companies will do their best to help you within their own guidelines, product lines and capabilities. Don't assume that the information given by one will apply to any of the others. The products we indicate for them are some of the items that may be of major interest to our customers. Each company may have other products you will be interested in as well.

We will continue to contact other suppliers and add to the list as we find companies that are Accredited and will work with speech and tracheostoma products. If you find anything incorrect in the information given, please let us know.

Atos Medical -- Provox TEPs, HMEs, some brands of electrolarynges

11390 West Theodore Trecker Way, West Allis, WI 53214-1135
Ph: 800-217-0025 Fax: 414-227-9033
e-mail: info.us@atosmedical.com website: www.atosmedical.us

Bruce Medical Supply -- Some brands of electrolarynges, HMEs & stoma filters/covers

411 Waverly Oaks Rd., Suite 154, Waltham, MA 02452
Ph: 800-225-8446 Fax: 781-894-9519
e-mail: sales@brucemedical.com website: www.brucemedical.com

InHealth Technologies -- Blom-Singer TEPs, HMEs, a few stoma covers/filters,
Servox electrolarynx

1110 Mark Avenue, Carpinteria, CA 93013-2918 USA
Phone: 800-477-5969, 805-684-9337, Fax: 888-371-1530, 805-684-8594
e-mail - info@inhealth.com web: www.inhealth.com

cont. over

Medical West Healthcare Center - Orthopedic and Rehabilitation Equipment,
including Speech and Trach items

444 S. Brentwood Blvd. , Clayton, MO 63105

Ph: 800-489-1888, 314 - 725-1888 Fax: 314- 725-1444, Toll Free Fax (866) 520-1444
e-Mail: michaelsmith@medicalwest.com website: www.medicalwest.com

DHS Services, LCC - General range of consumer medical products

403 Hospital Road, Starkville, MS 39759

Phone: 662-324-324-1799, Fax: 662-323-5719

e: sales@diversifiedhealthservices.com website: www.diversifiedhealthservices.com