



## Department of Health

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Acting Executive Deputy Commissioner

September 21, 2023

Vicky Pontieri-Lewis, President  
Wound, Ostomy, and Continence Nurses Society  
Cheryl Ory, President  
United Ostomy Associations of America  
VIA EMAIL

Dear Ms. Pontieri-Lewis and Ms. Ory:

Your letter dated July 24, 2023, addressed to New York State Medicaid Director Amir Bassiri expressing your concerns regarding ostomy patients obtaining necessary medical supplies, has been referred to me for response.

As background, ostomy supplies fall within section 4.1 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Procedure Codes and Coverage Guidelines Manual. These codes were included in the pharmacy benefit transition from Medicaid Managed Care to NYRx that occurred on April 1, 2023. All Medicaid members now receive ostomy supplies under the NYRx/Medical Fee-for Service benefit.

Your letter addresses three main points associated with the transition. We have addressed each one individually and provided resources that should be helpful to you and providers in understanding fee-for-service processes:

- 1) Because of this transition, some medical supply companies used by the managed care organization did not meet Medicaid Fee-for-Service enrollment requirements. Members using these companies needed to find a Medicaid-enrolled provider, and as you mentioned even with outreach and communications from the Department that the transition was coming, members initially struggled finding suppliers for some supplies. As the transition has moved along, it is our experience that these instances are becoming less frequent as members and providers adjust to the transition. It is important to note that Medicaid allows members the freedom to choose suppliers; therefore, we do not maintain a list of providers that should be used for most medical supplies. To assist members with finding ostomy supplies, we have compiled a list of enrolled providers who are known to dispense ostomy supplies and have supplied this to members who required assistance. We will continue to maintain this list and distribute to members upon request. The list was forwarded to you previously in an email acknowledging your letter.
- 2) The policy for fiscal orders is found in the DMEPOS policy manual on pages 5 and 6: [https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Policy\\_Section.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Policy_Section.pdf). Hard copies of fiscal orders are acceptable but not required for ordering supplies. There are a variety of methods other than using the mail. If there are providers who you think do not

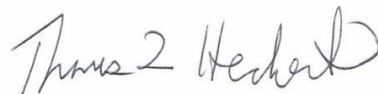
understand the fiscal order requirements, we would be happy to contact them to assist with understanding the fiscal order policy. You may forward any persons you wish us to contact using the information at the end of this letter.

- 3) Service limits are addressed in the policy manual on page 18 (see previous link). The fee schedule is also referenced in the publication for the most current units allowed for each item. If the quantity needs to be exceeded, a prior approval is required. The Prior Approval instructions can be found at the following link: [https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_PA\\_Guidelines.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_PA_Guidelines.pdf). Prior approval options include electronic submission via ePACES or paper submission to our fiscal agent for processing. The guidelines explain both processes. If providers need more assistance in the processes, they may contact GDIT, the Department's fiscal agent, for individual assistance at 1-800-343-9000.

Lastly, you requested that we review reimbursement and quantities for ostomy supplies. The Department conducts a yearly review and updates to the DMEPOS fee schedule. Given the vast number of supplies and equipment available in the benefit, we choose areas to review each year. We will commit to reviewing the ostomy supplies in next yearly cycle. To that end, if you have suggestions for consideration, please forward the information to us and we can review and evaluate. We will try to include any suggested changes that don't require extensive review in the current cycle.

After you have had an opportunity to review the information in this letter, we would be happy to schedule time to talk with you to discuss any questions that may arise. Please feel free to reach out to us at 518-474-3575 or [ohipmedpa@health.ny.gov](mailto:ohipmedpa@health.ny.gov) with questions or if you would like to schedule a meeting

Sincerely,



Thomas Heckert  
Director, Bureau of Medical Review  
Division of Medical and Dental Directors  
Office of Health Insurance Programs  
New York State Department of Health