

DME Quarterly Update

Wednesday, July 9, 2020

Quarter 3 Agenda

- ▶ Meeting guidelines
- ▶ July 1, 2020 Medicare fee schedule
- ▶ Manual wheelchair bases and accessories

Meeting Guidelines

- ▶ Be positive. This meeting is not intended to call out mistakes, past issues, or negatively highlight any particular person or provider.
- ▶ Generalize. We will not be able to discuss specific service authorizations, claims, members, staff, etc. but can discuss standard processes, changes, etc.
- ▶ Respect. All viewpoints are honored and we will consider all comments, questions and suggestions.

Quarter 3 Fee Schedule

- ▶ Minimal rate changes
- ▶ Some additional manual wheelchair codes available with the KU modifier
- ▶ Service authorization requirements for wheelchair accessories with DOS on/after August 9, 2020.
- ▶ Will be posted soon
- ▶ Any claims for DOS on/after 7/1/2020 will be automatically reprocessed when rate changes are entered into the system

Manual Wheelchairs, K0001-K0009, E1161

- ▶ A complete manual wheelchair base, as defined by HCPCS codes K0001-K0009, includes:
 - ▶ A complete frame, with or without push handles
 - ▶ Propulsion wheels
 - ▶ Casters
 - ▶ Brakes
 - ▶ A sling seat
 - ▶ A sling back
 - ▶ Standard leg and footrests
 - ▶ Armrests
 - ▶ Safety accessories, such as anti-rollback systems or a seatbelt, other than those separately billable per LCD

Examples:

- ▶ Dispensing a standard wheelchair K0001, additional billing for E2211 pneumatic propulsion tire, E2212 tube for pneumatic propulsion tire, or E2219 foam caster tires should not occur.
- ▶ Dispensing a heavy duty wheelchair K0006, billing for K0041 Large size footplate is not appropriate.
- ▶ Dispensing any manual wheelchair and billing K0108 for any ‘upgrade’ when there is a ‘no-charge’ option or alternative is not correct.
- ▶ Dispensing any manual wheelchair and billing any HCPC code designated as ‘replacement only’ is not appropriate.

Wheelchairs, parts, options & accessories

- ▶ Identified incorrect claims for wheelchair parts, options, accessories when new wheelchair is being dispensed
 - ▶ Codes, such as replacement hand rims code E2205, are being submitted on claims for newly dispensed wheelchairs.
 - ▶ When dispensing new wheelchairs, replacement codes may not be used to upgrade wheelchairs from their standard no cost options.
- ▶ Service authorization requests will need to identify all parts/pieces of the wheelchair to be dispensed, including make and model numbers of major components
- ▶ Ensure medical necessity is identified for all parts/pieces. Medical necessity is identified in the medical record, not solely based on PT evaluation.
- ▶ Ensuring all diagnoses are identified in the medical record allow for more accurate review of initial wheelchairs and any requested upgrades
- ▶ Fee schedule will reflect all wheelchair parts, pieces, options and accessories will require service authorization
- ▶ Effective date August 9, 2020

Tip to Avoid Pay Delays: Billing Bilateral

- ▶ When billing for bilateral items (stockings, wheelchair tire replacements, etc.):
 - ▶ Use the appropriate LT and RT modifiers
 - ▶ Bill each side on a separate claim line



24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
From	To									
MM DD YY	MM DD YY			CPT/HCPCS MODIFIER						
01 03 20	01 03 20	12		A6531 LT	A	60 00	1		NPI	1234567890
01 03 20	01 03 20	12		A6531 RT	A	60 00	1		NPI	1234567890



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MM DD YY	MM DD YY			CPT/HCPCS MODIFIER						
01 03 20	01 03 20	12		A6531 LT RT	A	120 00	2		NPI	1234567890

Reminders:

- ▶ All incontinence and enteral requests submitted on/after July 15, 2020 are required to be on the current CMN forms dated March 18, 2020.
- ▶ Ensure you have all necessary medical record documentation you need in your provider files. We have been able to obtain supporting medical records for some denials that went to hearing and were able to then support and approve the item. Please know that we cannot share this information back with the provider. If an item was denied for lack of documentation of medical necessity and then approved thru hearing, you may want to obtain the same documents we did from the recipient. You will need that documentation to support the items you dispense.
- ▶ Please note that letters of medical necessity, prescriptions, and certificates of medical necessity are not considered medical records. Information in such documents must be substantiated in the individual's medical records.