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Remittance Advice (RA) Message

Title:	**HCPCS K0856 and K0861 SA Documentation Requirements for Dual-Eligible Members**
Issue Date:	07/12/2017
Run Length:	6 weeks
Provider Type(s):	076
Message:	Recently, CMS announced expanded prior authorization requirements for HCPCS K0856 and K0861 for Medicare beneficiaries, effective July 17, 2017. Alaska Medicaid is the payer of last resort and does not require a DME service authorization (SA) for services provided to dual eligible (Medicare and Medicaid) beneficiaries who would otherwise pay a coinsurance and deductible. A DME provider who voluntarily elects to submit a SA request to Alaska Medicaid for K0856 and K0861 when Medicare is the primary payer should include the same documentation that was submitted to Medicare in support of the Medicare prior authorization request (PAR) in addition to the Medicare 'affirmed' or 'non-affirmed' decision documentation. Providers must continue to make full use of all other third-party resources of payment prior to billing Medicaid (7 AAC 160.200). https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS_PA_FAQs.pdf https://www.medicaid.gov/federal-policy-guidance/downloads/cib011317.pdf Questions? Contact Kristina Rice at 907.334.2418 or kristina.rice@alaska.gov.