

NEWS FLASH

SENIOR
Preferred (HMO)

May 3, 2018

Update to DME Prior Authorization

Senior Preferred (HMO) Durable Medical Equipment Prior Authorization

Senior Preferred will be processing all durable medical equipment (DME) claims with a modifier KX and no prior authorization up to the date of service of May 1, 2018. Applicable claim coding edits and benefit applications must also be met. Any date of service on and after May 1, 2018, claims will deny to the provider if there is no prior authorization.

Providers should complete the prior authorization form found in MyPlanTools at:
<https://myplantools.com/Default.aspx>.

If you do not have access to MyPlanTools, you will need to complete a MyPlanTools Access Request Form, which can be found at the following link:

<https://unityhealth.com/practitioners/forms-and-resources/forms/myplantools-portal-access-request-form>.

Please visit SeniorPreferred.org under the provider tab to access MyPlanTools.

Please see below for DME billing guidelines.

Senior Preferred DME Billing Guidelines

General Overview

Senior Preferred provides coverage for certain DME items / supplies when correct and compliant coding and billing rules are reported on the claim to Senior Preferred. Provider reimbursements are based on their Senior Preferred contract terms. However, there may be times where Senior Preferred will need to incorporate edits

required by Centers for Medicare and Medicaid Services, Wisconsin Department of Health Services, as well as the National Correct Coding Initiatives and coding resources.

Coding and Submission Guidelines

For consistent interpretation of coding guidelines, Senior Preferred follows the standards listed below. However, there may be situations that require us to consult a secondary source for guidance.

1. All entries in the medical record must be legible and complete, which includes sufficient information to –

- Identify the patient
- Support the diagnosis / condition
- Justify the care, treatment and services
- Document the course and results of care, treatment and services and
- Promote continuity of care among providers.

Note: All entries in the medical records must be dated and authenticated, in written or electronic form by the person responsible for providing or evaluating the service provided.

2. All Senior Preferred prior authorization requirements must be followed and documented.

3. Span dates (from / to dates) vary based on the type of insurance product.

- Senior Preferred requires a date span for DME items not to exceed three months for **the following services only**. (Per CMS - *Do not span dates for any other DME claims*)
 - Capped Rental (CR) items under the DMEPOS fee schedule Category (CATG)
 - Diabetic testing supplies (test strips, lancets)
 - Continuous passive motion devices (CPM)
 - Parenteral and enteral nutrition
 - Parental and enteral administration kits
 - External infusion pump supplies
- BadgerCare Plus requires span dates for all rentals. Purchased items should indicate the specific date of service for each purchase.
- Commercial requires span dates for all rentals. Purchased items should indicate the specific date of service for each purchase.

4. Crossover dates by month for rentals are also dependent on the type of insurance coverage.

- Senior Preferred allows span dates for 90-day rentals.
- BadgerCare Plus requires rental services to be billed within the same calendar month and must equal the number of days within the range.

- Commercial allows a span over dates by month.
5. Senior Preferred claims must comply with LCD or NCD criteria that require specific conditions, diagnoses to procedure code combination, appropriate units of service, frequency and / or modifiers.
 6. Senior Preferred claims must comply with National Correct Coding Initiative (NCCI) <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>
 7. Important claim submission modifiers (*not an all-inclusive list*)
 - KX – Medical criteria specified in the LCD or NCD policy has been met.
 - NU – Report in the first position.
 - RR – Rental

A few tips for a smoother DME claim submittal

1. DME providers must use their DME NPI provider number to direct it to the correct set of code edit rules; otherwise, CES will apply Facility or Practitioner MUEs and deny accordingly.
2. Replacement or amended claims need to be submitted with EDI Claim Type Frequency of 7 to avoid incorrect denials.
3. Future dates are usually acceptable.

References:

- [CGS DME LCD L33718 Positive Airway Pressure \(PAP\) Devices for the Treatment of Obstructive Sleep Apnea](#)
- [CGS DME LCD L33800 Respiratory Assist Devices](#)
- [Medically Unlikely Edits \(MUE\) CMS home page](#)
- [MUE MLN Matters MM8853 CR Transmittal R1421OTN](#)

The following chart shows a few different claim examples and what would be acceptable for claim submissions. It does not represent all claim types.*

LOB	Code	Description	Type (modifier)	Dates	Units	Outcome
Senior Preferred	A7038	Filter, disposable, used with positive airway pressure	Purchase	02/01/18 to 4/30/18	6	Clean

		device				
	A7038	Filter, disposable, used with positive airway pressure device	Purchase	05/01/18 to 5/01/18	2	Clean
	A7038	Filter, disposable, used with positive airway pressure device	Purchase	01/01/18 to 1/01/18	31	Deny – Exceed MUE
	A7038	Filter, disposable, used with positive airway pressure device	Purchase	01/01/18 to 1/31/18	31	Deny – non - compliant with LCD Policy
	A7038	Filter, disposable, used with positive airway pressure device	Purchase	01/01/18 to 1/31/18 02/01/18 to 2/28/18 03/01/18 to 3/31/18	2 2 2	Clean Clean Clean
	E0601	Continuous Airway Pressure Device	Purchase NU	02/01/18 to 2/01/18	1	Deny – non - compliant with LCD Policy
	E0601	Continuous Airway Pressure Device	Purchase KX	02/01/18 to 2/01/18	1	Clean
	E0601	Continuous Airway Pressure Device	Purchase NU KX	02/01/18 to 2/01/18	1	Clean
BadgerCare	K0606	Auto External Defibrillator, garment	Rental	05/01/18 to 5/31/18	31	Clean
	K0606	Auto External Defibrillator, garment	Rental	05/01/18 to 5/01/18	1	Clean
	E0601	Continuous Airway Pressure Device	Purchase	01/14/18 to 1/14/18	1	Clean

	E0601	Continuous Airway Pressure Device	Rental	03/01/18 to 3/31/18	31	Clean

**Note: All claim examples listed with date spans must also comply with other coverage criteria, such as LCDs, NCDs, prior authorization coverage, etc.*