



June 14, 2019

Prior Authorization for Durable Medical Equipment (DME) An Update for Senior Preferred Contracted Providers

As of June 1, 2019, Senior Preferred no longer requires a prior authorization (PA) for items / supplies less than \$500.

This includes all DME, prosthetics, orthotics and supplies submitted as rental and purchase.

No PA is required for Dates of Service after June 1, 2019, if:

- The billed amount per claim line item is \$499.99 or less; and
- The required KX Modifier is used that shows the patient meets medical necessity criteria and documentation is on record.

A PA is required for Dates of Service after June 1, 2019, if:

- The billed amount per claim line item is \$500 or more.
- A KX Modifier must be used that shows the patient meets medical necessity criteria and documentation is on record.

Note: If you are submitting a convert-to-purchase line item with a purchase price of \$500 or more, a PA will be required, even if the prior rental service line items were \$499 or less and excluded from the PA requirement.

As part of the Senior Preferred Quality Audit plan, we will be conducting post-payment reviews of documentation for claims under the \$500 limit to ensure that providers are billing medically necessary items / services with modifier KX. If we find a provider to be out of compliance, (i.e., billing for services / items that do not meet Medicare's criteria or are without the appropriate modifiers), that provider will receive educational support. If we find the lack of compliance to be excessive, the process to require prior authorization for claim line items under \$499 may return for all providers.

Please share this information within your organization as needed. For questions regarding this bulletin, please contact Shari Oelke at (608) 881-8231, or by email at shari.oelke@QuartzBenefits.com