CLOVERLEAFS, SWITCHBACKS AND ROUNDABOUTS

Navigating the DME Superhighway

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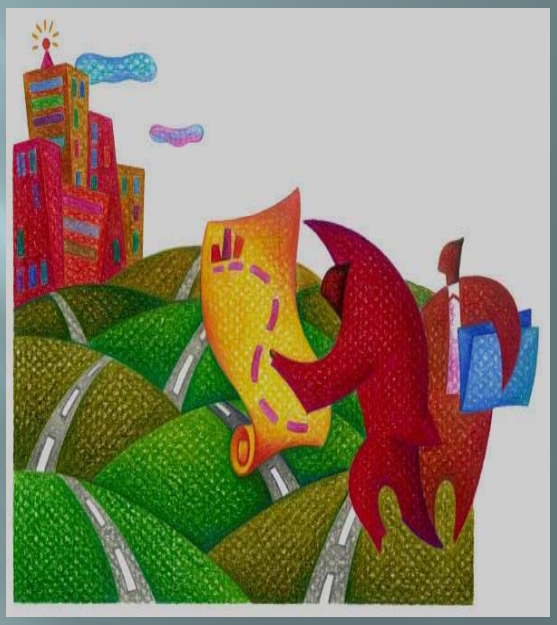
DME ROADMAP

- ✓ Getting Started
- ✓ Terminology
- ✓ Billing Basics
- ✓ Modifiers
- ✓ Coverage Policies
- ✓ Documentation
- ✓ 97760



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Construction Zone

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Where's My Map? Getting Started...

- Visit the NPPES (National Plan & Provider Enumeration System) website and if you don't already have access, sign up for it
- You will need one NPI for each physical address
- After you receive your NPI number(s), go to the PECOS website and download the Security Consent Form.
- The Security Consent Form contains separate areas and signature requirements for the supplier organization and the employer organization. The date you enter in BOTH sections should be the same if you are requesting approval to submit the applications & you are an authorized official employed by the supplier organization.
- Sign and date the Security Consent Form in both places and mail it to the CMS External User Services Help Desk.
- You will receive e-mail notification when you are accepted.

Moving on Down the Road

- After approval, log in to the PECOS system again
- Fill out online Form 855-S
- Click "continue" and follow onscreen prompts to finish the application
- A Surety Bond is NOT required if you are a physician or physician assistant supplying DME to your own patients ONLY

Anticipation…
the hardest part of the trip

- Print, date and be sure the authorized representative at your practice **signs** the certification statement.
- **Mail it** to the National Supplier Clearinghouse-Medicare Administrative Contractor within ONE week of completing the online application.
- Fees for 2012 are $523 and must be paid through PECOS
  - National Supplier Clearinghouse
  - P O Box 100142, Columbia, SC 29202-3142
- Be sure to attach any documentation requested, especially your **certificate of liability insurance** (not malpractice!!)

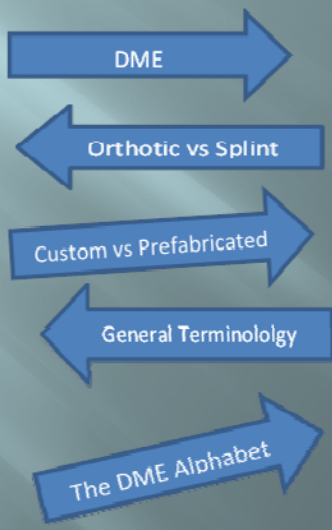
And then wait some more…

- Watch your e-mail to make sure your application was accepted online. You will get a notice.
- Wait at least 15 days after additional documentation was mailed, then check PECOS to status the application.

Double check your luggage…
Do you have everything you need?

- An NPI for each physical location?
- A supplier number from the National Supplier Clearinghouse?
- A provider manual, either online or printed
- A list of the National Supplier Standards to give patients?
- A policy to handle returns or breakage to give patients?
- Current ABN's for Medicare & commercial insurance?
- Receipts for Delivery?
- Forms you may need for patients who have insurances other than Medicare?

DME Highway Roadsigns



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DME Highway Roadsigns

- **Terminology**
  - Understanding the DME and HCPCS terminology is the first step in being able to accurately assign codes.

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Definitions
DME

- Equipment that can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally is not useful to a person in the absence of illness or injury
- Is appropriate for use in the home

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DEFINITIONS
DME

- May be rented or purchased
- Requires physician order
- Must be used in the patient's home

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DEFINITIONS
DME

- What is "patient's home"?
  - Own dwelling
  - Apartment
  - Assisted living
  - Relative's home
  - Institution other than hospital or SNF

Supports CMS requirement for billing under POS 12 patient's home

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Definitions
DME

- Generally HCPCS A or E codes
- May be billed to Carrier vs. DME MAC
  - List published annually of codes to be billed to carrier

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Definitions
Orthosis CMS

- Rigid or semi-rigid device
- Purpose to support a weak or deformed body member
- Or to restrict or eliminate motion in a diseased or injured part of the body
- Must provide support and counterforce on the limb or body part (CMS)

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Definitions
Orthosis AMA

- Purpose to support a weak or ineffective joint or muscle
- Or to immobilize a part to facilitate a decrease in pain and inflammation
- To provide support while the patient transitions through treatment
- For permanent use to facilitate movement or support a body part

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Definitions
Orthosis

- Orthosis=Brace
- Custom or prefabricated
- HCPCS codes
  - L category

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Definitions
Splint

- CPT codes 29XXX
- PLUS HCPCS Q codes
  - Based upon splint type (long arm, short arm)
  - Material type (plaster vs. synthetic)
  - Age of patient (11 yrs. and over = adult)

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Definitions
Splint

- Per AMA “casting and strapping codes are not intended to report orthotics fitting and training.”

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Definitions
Splint

- Terminology caution: providers will often refer to an orthosis/brace as a splint
- It is imperative that coding understands what is being provided

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General Terminology

- Read code descriptions closely watch for:
  - Custom vs. prefabricated
  - Static vs. dynamic
  - Joints and type
  - Material
  - Type of support/control/correction
    - Derotation
    - Torsion
  - "Addition to" codes

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DEFINITIONS
EIEIO

- Acronyms for the body part being supported
- WHO=**W**rist **H**and **O**rthosis
  - Supports the wrist and hand but does not include a finger
  - Length on the forearm does not matter
- WHFO=**W**rist **H**and **F**inger **O**rthosis
  - Supports the wrist, hand AND finger(s)
  - Length on the forearm does not matter
  - Custom often called “forearm based”

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DEFINITIONS
EIEIO

- AFO=**A**nkle **F**oot **O**rthosis
  - To qualify as an AFO must extend well above the ankle usually to mid-calf and are fastened around the lower leg above the calf
  - CAM walker IS an AFO
- KAFO=**K**nee **A**nkle **F**oot **O**rthosis

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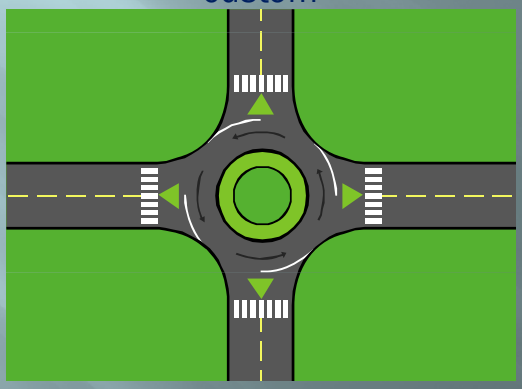
DME Roundabouts

custom



prefabricated

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Definitions
Custom Fabricated

- Made for a specific patient from his/her individual measurements
- Starts with basic materials in the form of sheets, bars, etc.
- Involves substantial work (vacuum forming, cutting, bending, molding, sewing, etc.)
- May involve some prefabricated components

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Definitions
Custom Fabricated

- Molded-to-patient-model
  - Either an impression of the specific body part is directly made on the patient and this impression is then used to make a positive model of the body part from which the final orthosis is fabricated OR
  - A digital image of the patient's body part is made using CAD-CAM softwear
- Direct formed model the patient serves as the model

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Definitions
Custom Fabricated

- Custom fabricated "involves more than trimming, bending, or making other modifications to a substantially prefabricated item."

CMS MCM definition

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Definitions
Prefabricated

- Manufactured in quantity without a specific patient in mind.
- May be trimmed, bent, molded (with or without heat) or otherwise altered to fit a specific patient
  - Custom fitted
- Orthoses assembled from prefabricated components is considered prefabricated

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L Codes

- Evaluation
- Measurements
- Modifications
- Follow-up visits
- Making adjustments

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L Code Reimbursement

- Included and not separately payable
  - Evaluation of the orthosis
  - Fitting of the orthosis
  - Cost of base components and labor
  - Repairs due to normal wear and tear
  - Adjustments when adjustments are not due to changes in patient's functional ability

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L Code

- Coverage for 90 days

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DME Speed Zone Ahead

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ORDERS

- Order required for any DMEPOS item to be covered under Medicare
  - Only exception-repairs, adjustments
  - Required for replacements due to wear or change in patient condition
  - Required for replacement due to loss or damage
- Ordering physician must be a Medicare enrolled physician

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ORDERS

- Two types:
  - Dispensing
  - Detailed Written Order

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ORDERS

- Dispensing may be written or verbal
  - Written=original, fax or electronic
- Description of the item
- Name of the beneficiary
- Name of the ordering physician
- Date of the order

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ORDERS

- Detailed written order
  - Written=original, fax or electronic
- Must be signed and dated by ordering physician ***before item billed***
- Name of the beneficiary
- Diagnosis
- Detailed description of all items provided including quantity and frequency of use when applicable
- Length of need for accessories/supplies
- **Legible** physician signature and signature date
- If for an item already dispensed, must clearly indicate the start date

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ORDERS

- Detailed description of item
  - Includes all options or additional features
  - Upgrades
  - Often this may be generated by the supplier however the physician must sign and date
- If for accessories or supplies that will be used periodically such as dressing supplies needs to include quantity used, frequency of change or use and length of need

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ORDERS

- Written orders for custom fabricated orthoses must specifically state “Custom fabricated” or specify a brand name that is only available as a custom fabricated product.

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ORDERS

- Detailed written order is not needed if the dispensing order includes all of the information needed in the detailed written order

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ORDERS

- If item dispensed by treating physician, separate piece of paper is not required however all other aspects of dispensing and detailed written order must be present in the documentation including the physician signature.

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ORDERS
DIAGNOSIS

- Like billing for E&M, X-ray, Procedures, etc. diagnosis for DMEPOS is ICD-9 not CPT procedure diagnosis
  - Too often order written for DMEPOS is the surgical procedure performed (subtalar fusion, wrist fusion, etc.)

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ABN

- Until 2009, except for foot orthoses few items dispensed by orthopedics required an ABN
- ABN **required** for items that are covered by Medicare but are anticipated to be denied due to medical necessity
  - i.e. doesn't meet policy requirements
  - Replacement before RUL
- ABN not **required** for items statutorily excluded i.e. not covered
  - Strongly suggested to show patient has been informed
  - Will help prevent patient complaints
- Form revised 3/11; mandated for use 1/1/12
  - CMS-R-131 (See handouts)

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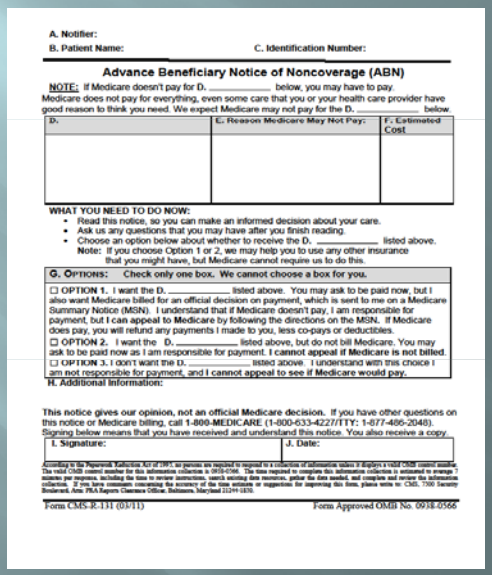
ABN



A. Notifier:
B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

Delivery Notice

- **Required** for all DMEPOS items dispensed and billed on Medicare patients.
- Must be maintained in supplier files for 7 years.
- No specific form.

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Delivery Notice Signature

- Must be signed by beneficiary or a designee acting on behalf of the beneficiary
  - Designee defined as "Any person who can sign and accept the delivery of durable medical equipment on behalf of the beneficiary."
  - Suppliers, their employees or anyone with a financial interest cannot sign or accept item for beneficiary
- Relationship of designee to beneficiary needs to be noted on delivery notice
- Signature must be legible. If not, supplier/shipping service needs to note the name of the designee on the delivery slip.

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Delivery Notice

- Recommended information:
  - Patient's name
  - Quantity delivered
  - Detailed description of item being delivered
  - Brand name and serial number (if not custom)
  - Date is date received

Signature Health Services

Receipt for Delivery of Durable Medical Equipment Date_____

Patient Name_____ Account #_____

Description of item_____ Quantity _____

Part # _____ Manufacturer _____

Delivery Date _____ Patient Signature _____

The fit of any item is largely subjective. We depend on the patient to let us know if the item they are being given feels like a proper fit, therefore we are unable to allow returns for this reason once a patient leaves the office. Please use item as demonstrated by your physician and staff.

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NEXT 3 EXITS

JURISDICTIONS ¼ MILE
MODIFIERS 1/2 MILES LEFT EXIT
POLICIES 2 MILE

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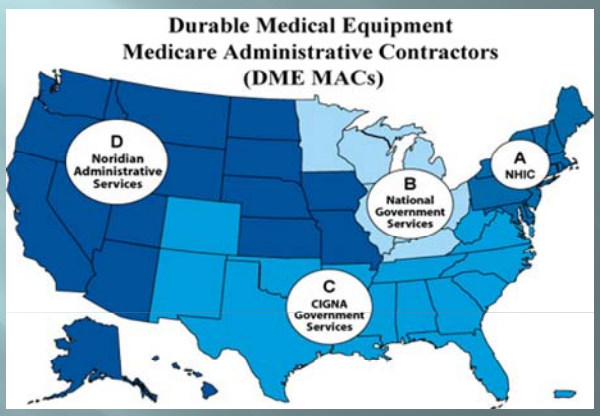
Exit 1
DME MAC



Claim jurisdiction is based upon the beneficiary's permanent residence

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JURISDICTIONS
DME MAC

- Jurisdiction A

National Heritage Insurance Company (NHIC)

http://www.medicarehic.com/

- Jurisdiction B

National Government Services (NGS)

http://www/ngsmedicare.com

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JURISDICTIONS
DME MAC

- Jurisdiction C

Cigna Government Services

http://www.cignagovernmentservices.com/

- Jurisdiction D

Noridian Administrative Services (NAS)

http://www.noridianmedicare.com

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PDAC

- Pricing, Data Analysis and Coding Contractor for all of CMS
- Current PDAC Noridian
- Determines appropriate HCPCS code for DME
- Some DME such as spinal orthoses must be approved by PDAC to be covered

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PDAC

- HCPCS Coding Helpline

877.735.1326 M-F 8:30am-4pm CT

PDAC
PO Box 6757
Fargo, ND 58108-6757

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PDAC

http/www.dmepdac.com/index/html

- Search for codes or products by:
  - Manufacturer
  - L code
  - Product Number
  - Device
  - Crosswalk of old to new codes
  - Medicare allowables
  - Modifiers

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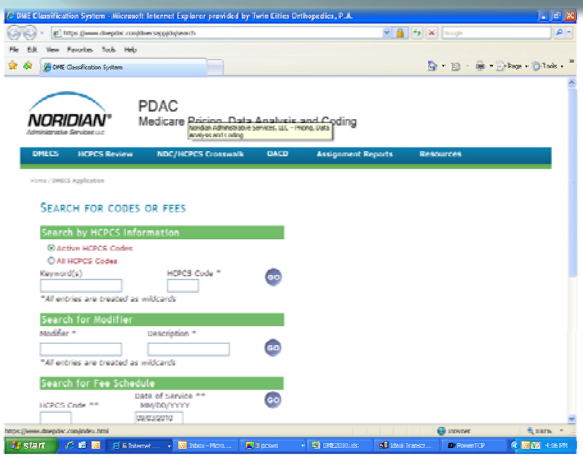
PDAC



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CMS DME Center

- One stop shop for DMEPOS questions
  - Fee schedules
  - Manuals
  - Links to DME MAC
  - SNF Excluded list
  - Enrollment
  - Etc.....

www.cms.hhs.gov/center/dme.asp

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EXIT 2 MODIFIERS

- RT/LT
- KX
- CG
- GA, GZ, GY
- NU
- RA
- EY

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MODIFIERS RT/LT

- Required for almost all L codes
- If bilateral, billed one line, RT, LT and 2 units
- Do not use if HCPCS code is not side specific
- Do not use if HCPCS descriptor reads “pair”
  - Bill one unit, no laterality modifier

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MODIFIERS
KX

- Requirements stated in policy have been met
- Used only for those HCPCS codes with established policies
  - KO
  - AFO
  - KAFO
  - TLSO
  - LSO
- ALL requirements in policy have been met

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MODIFIERS
KX

- Definition and requirements differ based upon policy
- Potential to bill both KX and GA/GZ modifier
  - Policy criteria met however utilization guidelines have not been met
- *Attachment of KX without meeting all of the policy requirements can be considered filing a false claim*

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MODIFIERS
CG

- May or may not have a specific LCD in place
- Currently appended to HCPCS codes that include both elastic and non-elastic items
- Appended if item meets the statutory definition of a brace
  - L0450, L054, L0625 and L0628 prefabricated spinal orthoses
  - L3923 HFO prefabricated

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MODIFIERS
GA, GZ, GY

- Payment liability modifiers
- GA-item does not meet medical necessity or policy requirements and ABN signed
- GZ-item does not meet medical necessity or policy requirements and ABN not signed
- GY-item statutorily not covered
  - L codes, check policy for when required on claim
  - Otherwise appended to receive denial either at patient request or so can submit to secondary

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MODIFIERS
NU

- New item, purchased not rented
- Append to items such as Crutches, Canes, Walkers

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MODIFIERS
RA

- Replacement of DME, orthotic or prosthetic item
- Replacement=identical or nearly identical item
  - Item lost, stolen or irreparably damaged prior to the equipment's reasonable useful lifetime (RUL)
    - Most RUL 5 years except
      - Custom knee orthoses 3 years
      - Prefabricated knee orthoses 1-3 years

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MODIFIERS
EY

- No physician order

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EXIT 3
POLICIES

- Knee Orthoses
- Ankle-Foot/Knee-Ankle-Foot Orthoses
- Spinal Orthoses: TLSO, LSO
- Canes and Crutches
- Upper extremity
- New technology

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Policies

- Others of interest
  - Cold Therapy
  - Negative Pressure Wound Therapy
  - Surgical Dressings
  - Cervical Traction
  - TENS
  - Commodes
  - Therapeutic Shoes for Persons with Diabetis
  - Lower Limb Prosthesis

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Policies
Knee Orthoses

- Policy revision effective 1/1/2010
  - HCPCS codes made of elastic without hinges or rigid support deleted
    - L1800 KO elastic w/stays
    - L1815 KO elastic w/condylar pads
    - L1825 KO elastic knee cap design
    - Now A4466 noncovered
  - Coverage criteria expanded for other prefabricated and custom devices

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Policies
Knee Orthoses

- Knee orthosis elastic w/joints prefabricated (L1810) or w/condylar pads and joints w/or w/o patella control (L1820)
  - Ambulatory patients
  - Weakness or deformity of the knee and require stabilization
  - No designated ICD-9 at this time

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Policies
Knee Orthoses

- KO w/locking knee joint (L1831) or KO rigid w/o joints (L1836) prefabricated
  - Non-fixed flexion or extension contracture w/at least 10^0 passive motion
  - Dx 718.46

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Policies
Knee Orthoses

- Knee immobilizer w/o joints (L1830) or KO w/adjustable joints (L1832)
  - Recent injury or surgery on the knee **AND** diagnosis of :

- RA 714.0-714.4
- OA 715.16, 715.26, 715.36, 715.96
- Meniscal cartilage damage 717.0-717.5
- Chondromalacia patella 717.7
- Rupture of tendon, **nontraumatic** –quadriceps 727.65
- Pathologic fx. Femur, tibia or fibula 733.15, 733.16
- Stress fx tibia or fibula 733.93
- Aseptic necrosis tibia or fibula 733.49
- Congenital deformity knee 755.64
- Fracture femur lower end 821.20-821.39
- Fracture patella 822.0-822.1
- Fracture tibia and/or fibula upper end 823.00-823.42
- Sprain/strain of knee 844.0-844.2, 844.8
- Dislocation of knee 836.0-836.69, Failed TKA 996.40-996.49, 996.66, 996.77, V43.65

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Policies
Knee Orthoses

- L1832 (KO w/ adjustable joints i.e. hinged knee immobilizer) also covered for instability
  - MS 340
  - Hemiplegia/hemiparesis 342.90, 342.91-92 added 07.01/11
  - Infantile CP unspecified 343.9
  - Paraplegia 344.1
  - Lesion of sciatic nerve 355.0
  - Other lesion of femoral nerve 355.2

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Policies
Knee Orthoses

- L1840 KO derotation, medial-lateral, ACL custom fabricated
  - 717.81-717.9

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Policies
Knee Orthoses

- L1845 (prefab) and L1846 (custom) KO w/double upright, condylar pads, adjustable flexion and extension joint and provide both medial-lateral and rotation control
  - Must be fully ambulatory with instability
  - Dx. same as L1832
    - MS 340
    - Unspecified hemiplegia/hemiparesis unspecified side 342.90
    - Infantile CP unspecified 343.9
    - Paraplegia 344.1
    - Lesion of sciatic nerve 355.0
    - Other lesion of femoral nerve 355.2

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Policies
Knee Orthoses

- L1845 must be on PDAC approved list
- Instability for L1832, L1843, L1845 and L1850 must be documented by exam and objective description of joint laxity
  - Varus/valgus instability
  - Anterior/posterior Drawer

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Policies
Knee Orthoses

- L1847 KO w/double upright w/adjustable joint w/inflatable air support chamber prefabricated
  - Currently not covered under Medicare
  - Example: Hinged Air DonJoy

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Policies
Knee Orthoses

- L4380 pneumatic knee splint, prefabricated
- Effective 01/01/2011 must be on PDAC approved list

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Policies
Knee Orthoses

- Reasonable useful lifetime (RUL) defined for prefabricated orthoses 1-3 years.
- RUL custom 3 years
- Replacement during RUL covered only if the item is lost or irreparably damaged
- Repairs covered when necessary to make orthosis functional
  - Reason for repair must be documented
- Brace sleeves used w/orthosis not covered

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Policies
Knee Orthoses

- Policy lists approved and not approved addition codes

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Policies
Knee Orthoses

- Applicable modifiers
  - RT/LT
  - KX
  - GA
  - GZ
  - EY

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Policies
Ankle-Foot/Knee-Ankle-Foot

- AFO L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4386
  - Ambulatory patient with weakness or deformity of foot and ankle
  - Require stabilization for medical reasons
  - Potential to benefit functionally

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Policies
Ankle-Foot/Knee-Ankle-Foot

AFO L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4386 (CAM walkers)

- If used strictly for treatment of or prevention of a pressure ulcer or for pressure reduction not covered billed as A9283 new 02/01/11
  - Append GY NOT KX mod

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Policies
Ankle-Foot/Knee-Ankle-Foot

A9283 foot pressure off-loading device

- Designed to reduce pressure on the heel or sole of the foot
- Can be shoe-like, used inside shoe, extend outside the shoe or be attached to a shoe
- Prefabricated or custom
- Should not be used as therapeutic shoe for diabetes
- NON-COVERED
  - Append GY NOT KX mod

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Policies
Ankle-Foot/Knee-Ankle-Foot

L1906 AFO multiligamentous ankle support, prefabricated

- Effective 4/1/12 must be PDAC approved
- Must have a rigid stirrup and foot plate along with wrap around straps
- Provides functional tracking of the ankle while providing hind-foot and mid-foot stability
- Code previously assigned to devices such as the Swedo, Trilock, Aircast PTTD

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Policies
Ankle-Foot/Knee-Ankle-Foot

L1906 AFO multiligamentous ankle support, prefabricated

- Current notices indicate items not on list should be billed using A9270 Noncovered item or service
- Many actually fall under L1902 AFO ankle gauntlet prefabricated

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Policies
Ankle-Foot/Knee-Ankle-Foot

- AFO L4631 CROW orthosis (new code 2011) (Charcot Restraint Orthotic Walker)
  - Custom fabricated
  - Patient must be ambulatory with a dx of Charcot arthropathy

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POLICIES
ANKLE-FOOT/KNEE-ANKLE-FOOT

- KAFO L2000-L2038, L2126-L2136, L4370
  - Ambulatory patient for whom AFO covered but needs additional knee stability

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POLICIES
ANKLE-FOOT/KNEE-ANKLE-FOOT

L4396 AFO static or dynamic adjustable for fit, for positioning, may be used for minimal ambulation, prefab

- covered if all of 1-4 met or 5 is met
  1. Non-fixed plantar flexion contracture ankle w/ dorsiflexion on passive ROM at least 10^{o} (ICD 718.47)
  2. Reasonable expectation ability to correct contracture
  3. Contracture interfering or expected to interfere w/patient's functional abilities
  4. Used as a component of a therapy program which includes active stretching of involved muscles/tendons
  5. Patient has plantar fasciitis (ICD 728.71)

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Policies
Ankle-Foot/Knee-Ankle-Foot

- L4396 static AFO pretreatment PROM must be measured w/goniometer and documented in record
- Documentation of appropriate stretching program carried out by professional staff
- Denied for treatment of foot drop w/o contracture
- L4392 replacement interface covered if L4396 coverage met
  - Allowed one/6 months

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Policies
Ankle-Foot/Knee-Ankle-Foot

- L4398 foot drop splint/recumbent positioning device not covered

90

Policies
Ankle-Foot/Knee-Ankle-Foot

- Pre-fabricated or custom fabricated devices with concentric adjustable torsion style knee or ankle mechanism should not be billed using L codes
  - E1810 dynamic adjustable knee extension/flexion device, including soft interface material
  - E1815 dynamic adjustable ankle extension/flexion device, including soft interface material

91

Policies
Ankle-Foot/Knee-Ankle-Foot

- L2840, L2850 socks used with orthoses
  - non-covered

92

Policies
Ankle-Foot/Knee-Ankle-Foot

- Applicable modifiers
  - RT/LT
  - KX
  - GA
  - GZ
  - EY

93

Policies
Spinal Orthoses TLSO/LSO

- TLSO L0450-L04921, LSO L0625-L0627 or LSO L0628-0640 covered for one of the following:
  - To reduce pain by restricting mobility of the trunk
  - To facilitate healing following an injury to the spine or related tissues
  - To facilitate healing following a surgical procedure on the spine or related soft tissue
  - To support weak spinal muscles and/or a deformed spine

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Policies
Spinal Orthoses TLSO/LSO

- TLSO L0450-L04921, LSO L0625-L0627 or LSO L0628-0640 characteristics:
  - Used to immobilize a specific area of the spine
  - Intimate fit and generally designed to be worn under clothing
  - Not specifically designed for patients in wheelchairs
  - Body jacket L4058-0464,L0480-0492 L0639-L0640 have rigid plastic shell that encircles the trunk with overlapping edges and stabilizing closures
    - Provides a high degree of immobility
    - Entire circumference must be same rigidity

95

Policies
Spinal Orthoses TLSO/LSO

- Must be designed to control gross movement of the trunk and intersegmental motion of the vertebrae in one or more planes or provide intracavitary pressure
  - If does not meet this criteria, is not considered spinal orthosis and should be coded as A9270 noncovered item

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POLICIES
SPINE ORTHOSES/TLSO-LSO

- L0450, L0454, L0625 and L0628
  - TLSO and LO provide intracavitary pressure to reduce load on intervetebral discs
  - must be made of primarily non-elastic material or have rigid posterior panel

97

POLICIES
SPINE ORTHOSES/TLSO-LSO

- Claims after 7/1/2010 for prefabricated orthoses L0450, L0454-0472, L0488-0492, L0625-L0628, L0630, L0631, L0633, L0635, L0637, L0639 must be approved and specified on PDAC website
  - Effective 1/1/10 if elastic billed as A4466
  - Append CG modifier

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Policies
Unlisted Orthoses L2999, L3999

Claim should include:

- Manufacturer's name
- Product name
- Justification of medical necessity
- If custom, a complete and clear description of the item to include why it is unique, a breakdown of charges (labor and material used in fabrication)

99

Policies
Crutches, Canes

- Canes E0100 (standard adjustable or fixed)
  E0105 (quad/3 prong)
- Crutches E0110-0116
- Coverage criteria:
  - Mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home **and**
  - Able to safely use the assistive device; **and**
  - Functional mobility deficit can be sufficiently resolved by use of the assistive device.
- If all of the criteria are not met, the assistive device will be denied as not reasonable and necessary

100

Policies
Crutches, Canes

- MRADLs: toileting, feeding, dressing, grooming, and bathing performed in customary locations in the home.
- A mobility limitation is one that:
  - Prevents the patient from accomplishing the MRADL entirely, or
  - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a MRADL; or
  - Prevents the patient from completing the mobility-related activities of daily living within a reasonable time frame.

101

Policies
Crutches, Canes

- Modifiers:
  - NU
  - EY

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Policies
Crutches, Canes

- E0118 crutch substitute, lower leg platform, with or without wheels, each (Roll-A-Bout, iWALKfree,)
  - Check healthplan policies Aetna, Cigna do not cover unless physically unable to use crutches
  - Not listed on DME fee schedule

103

Policies
Cervical Traction

- E0860 over-the door
  - Musculoskeletal or neurologic impairment requiring traction equipment **and**
  - Use of home unit has been demonstrated to the patient and the patient tolerated the device
- E0840 headboard and E0850 free-standing frame not covered
- Modifiers
  - NU
  - EY

104

Policies
Cervical Traction

- E0849 free-standing pneumatic, E0855 not requiring additional stand or frame
  - Must meet criteria for standard over the door traction plus:
    - Diagnosis of TMJ dysfunction and has received treatment for the TMJ condition; or,
    - Distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized; or,
    - Treating physician orders and/or documents medical necessity for greater than 20 pounds of cervical traction in the home setting.

105

Policies
Cervical Traction

- E0849 free-standing pneumatic, E0855 not requiring additional stand or frame
  - Modifiers
    - KX
    - GA
    - GZ

106

Other Coverage/Code Issues

- L3923 HFO prefabricated
  - Must be on the PDAC approved list effective 07/01/10
  - Must have a rigid plastic or metal component
  - If all elastic w/o rigid component A4466 and non-covered
  - Modifier
    - CG
    - RT/LT

107

Other Coverage/Code Issues

- L3660, L3670 and L3675 shoulder orthoses were reinstated and not discontinued 12/31/10
  - L3660 SO figure of eight prefabricated
  - L3670 SO Acromio/clavicular canvas and webbing prefab
  - L3675 SO vest type abduction restrainer prefab
  - Listed in 2011 coding books as deleted

108

New Products

- Mobilegs- fancy crutches
- Bionicare-TENS for the joint
  - No active policy, draft format tabled
  - Supplier instructs to append KX modifier !
  - Problems getting bilateral paid

109

Impression Casting S0395

- Impression casting of a foot performed by a practitioner *other than the manufacturer of the orthotic*
  - If provider is billing for the orthotic, included in the L code is the measurements, molding, materials, etc. therefore inappropriate to bill
  - Never appropriate for Medicare
  - Check coverage with other healthplans

110

Detours and Alternate Routes 97760

111

97760

- Orthotic management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and or trunk, each 15 minutes.

112

97760

- Never covered for prefabricated orthosis
- Timed Service (15 minute)
- Always therapy service (Medicare)
  - Must append therapy modifier (Medicare and other healthplans as appropriate)
  - Must be performed under a therapy plan of care
  - Counts toward therapy cap

113

97760

- Under Medicare guidelines, the covered portion is the training for customized orthotic devices.
  - Training involves instructions to enhance the performance of tasks or movements
  - To support weak or ineffective joints or muscles
  - Or to reduce/correct joint limitations/deformities
  - And/or protect body parts from injury

114

97760

- AOPA Training
  - Use and maintenance
  - How to don and doff, adjustments
  - How to inspect the skin
  - How to use any specific interface
  - How to report problems if changes are noted
  - How to establish a wear schedule and schedule for tolerance

115

97760

Both CMS and AMA agree that if billing an L code 97760 should only be billed for the time involved in training

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SUMMARY

- Check DME MAC websites often for LCD revisions
  - Check revisions of LCD and Coding article
- Sign up for DME MAC listserve
- Educate physicians and ancillary staff on coverage guidelines
  - Develop tools incorporating coverage guidelines for items dispensed
  - Develop policies for non-covered items if dispensing from clinic

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SUMMARY

- NEVER follow the manufacturer's suggested HCPCS code without confirming against the HCPCS description

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Questions

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END EXPRESSWAY

Thank You

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