Announcements

Correct coding of Argus® II Retinal Prosthesis System

Please see PDAC information in regards to this implantable system. The initial implant or its external replacement accessories such as batteries also are not billed under the Durable medical benefit. It is part of a physician or hospital (inpatient or outpatient service)

Equipment Retained From Prior Payer

When a member becomes eligible under THP insurance and has equipment currently in a rental period from a prior payer, the rental cycle will **not** start over. The item will continue in the rental cycle where it left off from the prior payer up to the THP capped rate or purchase price. In some instances, depending on what point in the rental cycle the item is found, THP may authorize a onetime payment of the difference between what has been paid on the device and the purchase price. The purchase option is rare and would only be for certain items in the final 1-3 months of rental.

Providing Instructions on Equipment

A supplier is responsible to deliver covered durable medical equipment and provide the instruction in its use, therefore the supplier cannot require the member to pick up durable medical equipment, prosthetics, and or orthotics. – See Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Standards (42 CFR 424.57 [c]).

HCPCS Code **L0174** - will require a pricing, data analysis, and coding (PDAC) review. Only those products found on the PDAC contractor website will be eligible for coverage under Healthcare Common Procedure Coding System (HCPCS) code L0174.

Correct Billing Practices for Tracheo-esophageal Voice Prostheses

The Centers for Medicare & Medicaid Services (CMS) released change request 6743 advising the change of claim filing jurisdiction for tracheo-esophageal voice prostheses.

Effective for dates of service on or after October 1, 2010, the durable medical equipment (DME) Medicare administrative contractors (DME MAC) will deny claims containing HCPCS code L8509 (tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type). The denial suppliers will receive is ANSI OA-109 (claim not covered by this payer/contractor), and remark code, N418 (misrouted claim).

Medicare does not cover an item if it is shipped or dispensed to the beneficiary, who then takes the item to their health care provider's office for insertion. If this is a common practice, suppliers should refer their beneficiary back to their health care provider and advise that Medicare will only reimburse for this item when it is furnished incident to a physician's service. If the health care provider is furnishing HCPCS code L8509, the health care provider is able to submit a claim to the Part A/B MAC or Part B carrier for reimbursement.

Tracheo-esophageal voice prostheses that are changed by the beneficiary/caregiver in the home setting are billed using HCPCS code L8507 (tracheo-esophageal voice prostheses, patient inserted, any type,

each) and are eligible for reimbursement under the prosthetic device benefit. The filing jurisdiction for these claims remains with the DME MAC.

Voice Prosthesis L7501-L7505, L8501- Correct Billing

A tracheostoma valve (A7501) is a device that is used by some laryngectomy patients who have had a trachea-esophageal puncture procedure and have a "voice prosthesis" in their trachea-esophageal puncture site. It consists of a plastic body that contains a thin silicone diaphragm. The valve body fits into a plastic housing held in place over the tracheostoma by an adhesive disc made of tape or foam. The diaphragm of the tracheostoma valve closes during speaking to allow air to flow from the trachea through the voice prosthesis and into the esophagus to produce speech. Without a tracheostoma valve, the patient with a tracheo-esophageal voice prosthesis would have to occlude the opening of the tracheostoma with their finger in order to be able to speak.

A tracheostoma valve (A7501) is to be distinguished from a tracheostomy speaking valve (L8501). A tracheostomy speaking valve (L8501) is a device which is attached to a tracheostomy tube. During speaking, the diaphragm in this device closes to keep air from flowing out through the tracheostomy tube and instead directs air to flow normally through the larynx. In contrast, the tracheostoma valve described by code A7501 is used over a tracheostomy stoma in a patient who has had their larynx removed and has a tracheo-esophageal voice prosthesis, but who does not have a tracheostomy tube.

A tracheostoma heat and moisture exchanger is a system used by some patients with a tracheostoma to add warmth and water vapor to the air when they take in a breath. It consists of a plastic cassette/ holder which contains a filter made of foam, paper, or other material. The holder fits into a plastic housing held in place over the tracheostoma by an adhesive disc. A heat and moisture exchanger may be used by itself or in addition to a tracheostoma valve (A7501).

Below is a list of the new codes, brand names, and manufacturers of some of the products that would be billed using each code. Questions concerning the coding of other products should be directed to the SADMERC.

A7501: Tracheostoma valve, including diaphragm, each
Products: Blom-Singer Adjustable Tracheostoma Valve (InHealth Technologies), Bivona Tracheostoma Valve (Bivona), Bivona Tracheostoma Valve II (Bivona)

A7502: Replacement diaphragm/faceplate for tracheostoma valve, each
Product: Blom-Singer Replacement Diaphragm/Faceplate (InHealth Technologies)

A7503: Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
Products: Blom-Singer HumidiFilter Holder (InHealth Technologies), Blom-Singer HumidiFilter ATSV Cap (InHealth Technologies), TrachiNaze Occlusion Cap (Kapitex Healthcare)

A7504: Filter, for use in a tracheostoma heat and moisture exchange system, each
Product: Blom-Singer Foam Filters (InHealth Technologies), TrachiNaze Filters (Kapitex Healthcare)

A7505: Housing, reusable, without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
Products: Blom-Singer Tracheostoma Valve Housing (InHealth Technologies), Bivona Housing (Bivona)

A7506: Adhesive disc, for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each
Products: Blom-Singer Adhesive Disc (InHealth Technologies), Bivona Adhesive Disc (Bivona)

A7507: Filter holder and integrated filter, without adhesive, for use in a tracheostoma heat and moisture exchange system, each
Product: Provox HME cassette (Atos Medical)

A7508: Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
Products: Provox Adhesive (Atos Medical), Blom-Singer True Seal Adhesive Housings (InHealth Technologies), Blom-Singer Tracheostoma Baseplate (InHealth Technologies), TrachiNaze Baseplate (Kapitex Healthcare)

A7509: Filter holder and integrated filter, housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
Products: Provox StomVent (Atos Medical), StomVent II (Atos Medical)

Additional Information:

3/1/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A10369 from DME PSC TriCenturion (77011) Article A10369.

Hand-Finger Orthoses – Use of CG Modifier – April 2010 (A49849)

Elastic garments do not meet the statutory definition of a brace. Hand finger orthosis, without joints, prefabricated (L3923) includes both elastic and non-elastic items.

Elastic garments may be made of a variety of materials including, but not limited to, neoprene or spandex (elastane, Lycra™). They are considered to be elastic even if they have flexible plastic or metal stays. If a garment made with elastic material has a rigid plastic or metal component, it is considered a non-elastic orthosis for purposes of coverage and coding.

If a hand finger garment is made primarily of elastic material, it must be billed with code A4466 (garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each) and not code L3923. Claims billed with code A4466 will be denied as non-covered, no benefit category. Effective for claims with dates of service on or after July 1, 2010, if an L3923 orthosis has a rigid plastic or metal component, the supplier must add the CG modifier (policy criteria applied) to the code. Claims for L3923 billed without a CG modifier will be rejected as incorrect coding.

All products that are currently listed as code L3923 in the DMECS Product Classification List on the PDAC contractor web site will be end-dated June 30, 2010. Manufacturers must resubmit a new Coding Verification Review request to the PDAC if they want their product to be listed in DMECS for dates of service on or after July 1, 2010.

Suppliers should contact the PDAC with questions concerning the correct coding of these items.

News You Can Use - March 24 2014 – A Service Memo From CMS

Items Provided in Anticipation of Discharge from a Hospital or Skilled Nursing Facility

A supplier may deliver DME, prosthetics, and orthotics to a patient in a hospital or nursing facility for the purpose of fitting or training the patient in the proper use of the item. This may be done up to two days prior to the patient's anticipated discharge to home. The supplier shall bill the date of service on the claim as the date of discharge and shall use the place of service code 12 (patient's home). The item must be for subsequent use in the patient's home, and no billing may be made for the item on those days the patient was receiving training or fitting in the hospital or nursing facility.

There are occasions when a patient's discharge date can be unexpectedly delayed. The discharge planner must contact the DME supplier if the patient's discharge plans change to ensure the DME, prosthetic, or orthotic item is delivered within two days of the final discharge to home.

If the item has already been delivered to the patient and the patient's discharge date is pushed back by two days, the supplier would change the date of service for the claim to the actual date of discharge of the patient. If the discharge date is pushed back more than two days, Medicare would expect the supplier to pick up their item and then redeliver the item to the patient upon the new anticipated date of discharge.

Please refer to **Jurisdiction B DME MAC Supplier Manual, Chapter 8** for more information regarding items provided in anticipation of discharge from a hospital or skilled nursing facility.

Face-to-Face Requirements

1. A face-to-face can be performed by a physician (MD, DO, DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).
2. The face-to-face must be performed within six months prior to the written order and delivery of the medical equipment requiring face-to-face assessments.
3. A face-to-face is required for every new prescription for those items.
4. Refer to Health Plan Policies and DME POS Authorization and Compensation Guide for those items that require a face-to-face and when new precertifications/prescriptions are required.
5. The face-to-face is to have documentation that the item being requested/ordered was discussed. The documentation should show the member was assessed and met for the medical necessity of the item.
6. If there is no documentation that the item being requested was discussed during the encounter, or if there is no medical necessity supported, the item will be denied.