

DME JD ASSOCIATIONS COMMUNICATION

From Noridian

Noridian's Medicare DME Provider Outreach and Education Department would like to provide you with a few reminders to better serve your membership. Noridian requests that you pass the following information on to your members. This newsletter is a compilation of recently published information.

Requesting Claim Examples

Noridian seeks the assistance of suppliers in providing examples of claim scenarios and billing documentation for which they have received payment or denials. [Read the complete update.](#)

Medicare Claims Processing Manual Update: Gap-Filling DMEPOS Fees CR 13617

This CR gives updates about gap-filling DMEPOS fees to include update factors for gap-filling purposes. CMS uses gap-filling in establishing fee schedule amounts for new DMEPOS items or services that don't have a fee schedule pricing history. Note: When gap-filling for capped rental items, it's necessary to first gap-fill the purchase price and then compute the base period fee schedule at 10% of the base period purchase price. For used equipment, we establish fee schedule amounts at 75% of the fee schedule amount for new equipment. Gap-filling isn't used in establishing fee schedule amounts for new lymphedema compression treatment items that

don't have a fee schedule pricing history. Information on payment for lymphedema compression treatment items is available in [Section 181.1, Medicare Claims MLN Matters: MM13617 Related CR 13617 Page 2 of 2 Processing Manual, Chapter 20.](#)

Prior Authorization for Replacement of Power Mobility Devices - Effective June 2, 2024

A Prior Authorization Request (PAR) is required for all replacement power mobility devices (PMDs) on the Required Prior Authorization List. PMDs replaced within the five-year reasonable useful lifetime (RUL) due to lost, stolen, or irreparably damaged items should be submitted as an expedited review. Expedited reviews must be indicated either on the coversheet, or on the Noridian Medicare Portal (NMP), and are completed by the DME MAC within two business days. When an expedited review is requested, documentation must support the reason for the expedited review. Reminder: Append the RA modifier to replacement PMD claims. Claims will be denied if the RA modifier is billed but a PAR for replacement was not received and affirmed. [Read the complete update.](#)

Paper Claim Submission Tip

With an observed increase in paper claim submissions, Noridian would like to provide a tip for attaching documents to claims for processing. An update has been made to Item 19, the narrative field on the 1500 claim form, which states:

Note paper claim submission: Enter "see attached" if attaching documents and on attachments make a note to "refer to Item 19." This will help ensure all documentation matches up at the time of claim processing.

eMDR via the Electronic Submission of Medical Documentation System – Revised

Note: CMS added information about the implementation of a new feature to accept review outcome letters during October 2023 release. Substantive content changes are in dark red on pages 2, 3, and 9.

CR 11003 explains:

- The enrollment process to get Additional Documentation Request (ADR) letters as electronic Medical Documentation Requests (eMDR) through your registered Health Information Handler (HIH)
- Who's exempt from participating in eMDR
- Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11003](#).

External Infusion Pumps- Billing, Coding, and Documentation Webinar

Suppliers invite your clinicians to attend the External Infusion Pumps – Billing, Coding, and Documentation Webinar being held on July 18, 2024, at 11 a.m. CT. This webinar will cover the following topics:

This event includes:

- Coverage Criteria
- Billing Rules
- Documentation
- Supplies for Beneficiary Owned Equipment
- Modifiers
- Replacement
- Comprehensive Error Rate Testing (CERT)

The link to register for this webinar is located on the Noridian JD website or click here to [register](#).

Medicare Beneficiary Identifier (MBI) Replacement for Lost or Stolen Cards

In the event of a lost or stolen Medicare card, beneficiaries will be issued a new Medicare Beneficiary Identifier (MBI) number. Suppliers must promptly transition to billing with the newly assigned MBI when a beneficiary receives a replacement. [Read the complete update](#).

Clarification on Ostomy Supply HCPCS A4436 and A4437

For the benefit of the supplier community, Noridian wishes to clarify that supply allowance codes A4436 (irrigation supply; sleeve, reusable, per month) and A4437 (irrigation supply; sleeve, disposable, per month) are for a month's irrigation sleeve supply allowance. One unit of service would be billed regardless of how many sleeves are required. If the beneficiary requires more than the monthly limit of four sleeves, the supplier must deliver the additional sleeves to the beneficiary. Below is an excerpt from the CMS Medicare Learning Network (MLN) MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule that discusses a one-month supply, not one sleeve a month.

"The irrigation supply sleeve code A4397 is divided into separate reusable and disposable irrigation sleeve codes. The fee schedule amount for one month of the sleeves is equivalent to the A4397 fee schedule amount multiplied by the monthly use limit of four. Therefore, the current monthly fee schedule amounts will continue to apply to codes A4436 and A4437 effective January 1, 2022.

Medicare pays in advance for the month's supply of irrigation sleeves and suppliers must ensure that the patient has enough sleeves to last for the entire month. If the patient needs more replacement sleeves before the end of the month, the supplier must deliver the additional sleeves to the patient." [Read the complete update.](#)

Continuous Glucose Monitors for Insulin Treated Beneficiaries

Noridian wants to give clarification on the requirements for insulin-treated beneficiaries to be eligible for Continuous Glucose Monitors (CGM). According to coverage criterion 4A found in the Glucose Monitors LCD L33822, a beneficiary must receive insulin treatment to be eligible for CGM. It is a common misperception among providers and suppliers that medications such as Mounjaro, Ozempic, and Metformin (not all-inclusive list) are insulin and can be used to qualify patients for (CGM). These medications are not a form of insulin, and the beneficiary receiving them would not be considered insulin treated based on these medications.

Note: Non-insulin beneficiaries could still qualify for a CGM under coverage criteria 4B.

Additional information on CGM coverage criteria can be found in the [Glucose Monitors Local Coverage Determination \(LCD\) L33822](#) and related [Policy Article](#).

Code Verification Review Requirement for Lower Limb Orthoses (L1843, L1951) and Osteogenesis Stimulator (E0747, E0748, E0760)

Recently CMS published updates to the Master List and the selection of three osteogenesis stimulator codes, three spinal orthoses codes, and three lower limb orthoses codes were added to the Required Prior Authorization List of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) items that require prior authorization as a condition of payment (Federal Register/Vol. 89, No. 93, 41324-41330). [Read the complete update.](#)

Correct Billing and Coding of Ventilators

Ventilator technology has evolved to the point where it is possible to have a single device capable of operating in numerous modes, from basic continuous positive pressure (continuous positive airway pressure [CPAP] and bi-level positive airway pressure [PAP]) to traditional pressure and volume ventilator modes. Similarly, some products add capabilities beyond these ventilator modes, to incorporate other medically necessary functions that would otherwise be performed by one or more different items. This creates the possibility that one piece of equipment may be able to replace numerous and different pieces of equipment. Equipment with multifunction capability creates the possibility of errors in claims submitted for these items. This article will discuss the application of Medicare proper coding and payment rules for ventilators. [Read the complete update.](#)

Noridian has new Advance Beneficiary Notice of Noncoverage (ABN) webinars in July that deal with technical knowledge and a second webinar that covers applied knowledge.

The ABN Technical Knowledge Webinar is slated for July 10, 2024, at 12 p.m. CT.

This event includes:

- Definition and Purpose of ABN
- ABN Form
- Acceptable/ Unacceptable ABN
- ABN Examples
- Modifiers
- ABNs and Upgrades
- Documentation Requirements

To [sign up for this webinar](#) or other events of interest, visit the Noridian [Schedule of Events](#).

The ABN Applied Knowledge Webinar is slated for July 11, 2024, at 11 a.m. CT.

This event includes:

- Definition and Purpose of ABN
- Acceptable ABN
- Unacceptable ABN
- ABN Examples
- Frequently Asked Questions

To [sign up for this webinar](#) or other events of interest, visit the Noridian [Schedule of Events](#).