

MiraVista's Billing Cheat Sheets provides detailed billing information for over 40 DME products, including: AFK/KAFO, Breast Prostheses, Canes/Crutches, Commodes, Compression Wraps and Stockings, CPAP/BiPaps/Bi-levels, CPM, Diabetic Shoes, Diabetic Supplies, DME Repairs, Elevating Leg Rests, Enteral Nutrition, Group 1, 2 and 3 Support Surfaces, Hospital Beds, Knee Orthotics, Manual Wheelchairs, Nebulizers, NPWT Pumps, Ostomy, Oxygen, P&O Repairs, Parenteral Nutrition, Patient Lifts, Power Wheelchairs, POVs, RAD/Bi-Levels, Seat Lifts, Surgical Dressings, TENS, Urological Supplies, Walkers, Wheelchair Cushions and Backs, and Wheelchair Options/Access.

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LCD Lookup (Medicare coverage criteria): <http://www.cms.hhs.gov/mcd/search.asp?clickon=search>

HCPCS Lookup (Fees, Product Classification Lists, Pricing Modifiers): <http://www.dmeptac.com/dmecsapp/do/search>

WOPD = Written Order required Prior to Delivery. A detailed written order must be obtained BEFORE the DME is delivered. In cases where a WOPD is required, you will **NOT** receive payment if a written order is obtained after delivery.

Important: The DME MACs have implemented new system edits that will no longer allow suppliers to correct claims missing a KX, GY, GA or GZ modifier through reopenings or redeterminations. Per each policy's effective date, any claim lacking a required modifier will be rejected and will need to be corrected and resubmitted.

MODIFIER	Notes
KX	Requirements specified in the medical policy have been met). Append the KX modifier when all coverage criteria have been met and the claim is expected to be paid.
GA	Waiver of liability statement (ABN) on file. Append the GA modifier when you expect the claim to deny for medical necessity and have an ABN on file. (Effective 04/01/2010 changes to: <i>waiver of liability statement issued as required by payer policy</i>)
GX	Effective 04/01/2009. Notice of liability (ABN) issued, <u>voluntarily</u> under payer policy. Append the GX modifier when you expect a claim to deny and have obtained a voluntary ABN. This will result in a denial for patient liability.
GY	Item or service statutorily excluded or does not meet the definition of a Medicare benefit. Append the GY modifier when coverage criteria have not been met and the claim is expected to be denied.
GZ	Append the GZ modifier when you expect the claim to deny for medical necessity and are unable to obtain an ABN.
EY	No physician order on file. This claim will be denied.

LCD ID	Item(s)	Pricing Mod	Policy Mod	Notes	Diagnosis Driven (DX)	Special Docs. (All require physician order and supporting chart notes)
L11517	AFO / KAFO		KX, EY, GA, GZ, LTRT	HCPCS codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, and L4386 are covered for ambulatory patients with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally. HCPCS codes L2000-L2038, L2126-L2136, and L4370 are covered for ambulatory patients for whom an ankle-foot orthosis is covered and for whom additional knee stability is required. Static and dynamic AFO (L4396) is covered for diagnosis code 718.47 when range of motion is < 10 degrees AND the contracture interferes with the patient's ability to function AND the patient is expected to improve with L4396 AND the device is used with therapy. L4396 is also covered for diagnosis code 728.71. A4466 is noncovered and should be used for devices that are semi-rigid or not rigid.	DX for L4392 and L4396	
L11554	Breast Prostheses		EY, LTRT	Diagnosis is critical. V45.71, 174.0-174.9 or 233.0. HCPCS L8000 (Bra), L8020 (foam form), L8030 (silicone form), L8031 (silicone form with adhesive), L8032 (nipple prosthesis), L8015 (bra w/ mastectomy form), L8035 (custom fabricated prosthesis - generally down coded to L8030). Only 1 prosthesis allotted for each side. Replacement and additional prostheses are only allowed due to reasonable useful lifetime is reached, loss, change in condition (e.g. size) or irreparable damage.	DX	
L4989	Canes/Crutches	NU (Purchase)	EY	Stability achieved with E0100 single point cane, E0105 quad or three prong; or crutches (E0110-E0116).		
L4991	Commodes	NU (Purchase)	KX, EY, GA, GY, GZ	KX required to indicate patient is incapable of using regular toilet facilities such as: 1. Pt confined to single room, or 2. Confined to a single level w/ no toilet, or 3. No toilets in the home. Most common HCPCS E0163. E0168 Heavy Duty > 300lbs. E0165 detachable arms for transfer or extra width.		
L11449	Compression Wraps and Stockings		AW, LTRT, EY, GY	An AW modifier must be appended to claims for gradient compression wraps (A6545) and stockings (A6531, A65312). RT and/or LT modifiers must also be used with these codes. For bilateral claims, bill on one line with RT and LT modifiers at 2 units of service. Claims for HCPCS A6545, A6531 and A6532 billed without an RT or LT modifier will be rejected. A6545 is limited to 1 per 6 months per leg. Use A1-A9 to indicate the number of wounds dressed.		

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