

MiraVista's Billing Cheat Sheets

LCD Lookup (Medicare coverage criteria): <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?clickon=search>

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

WOPD = Written Order Prior to Delivery. A detailed written order must be obtained BEFORE the DME is delivered.

NOTES:

Any claim lacking a required KX, GY, GA or GZ modifier will be rejected and will need to be corrected and resubmitted.

Effective 02/04/11, least costly alternative provisions have been removed from all LCDs. Suppliers must provide what the patient actually qualifies for, or bill as an upgrade using modifiers GA/GK (to charge the patient) or GL (free upgrade).

Important: Effective 08/02/11, suppliers may contact patients no sooner than 14 days prior to the next anticipated delivery date to confirm supplies are needed and may deliver supplies no sooner than 10 days prior to the anticipated date of need.

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) issued as required by payer policy.
GX	Notice of liability (ABN) issued, voluntarily under payer policy. Append the GX modifier when you expect a claim to deny and have obtained a voluntary ABN.
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.
KT	Competitive Bid Modifier: Used by non-contract, grandfathered and contract suppliers to indicate a patient receiving non-mail order DMEPOS subject to bidding has traveled outside of their CBA.
KL	Must be appended to all mail-order diabetic supplies that are shipped to patients using a delivery service.
KE	Used when an accessory that may be subject to Competitive Bidding is supplied with a non-bid item.
CG	The CG modifier must be appended to certain spinal orthoses and hand-finger orthoses that are made primarily of non-elastic material; used to indicate coverage.

LCD ID	Item(s)	Pricing Mod	Policy Mod	Notes	Diagnosis Driven (DX)	Special Docs. (All require physician order and supporting chart notes)
L11517 Ankle-Foot/Knee- Ankle-Foot Orthosis	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 code L4361 is only covered for patients with diagnosis code 713.5. 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. Replacement components (i.e. soft interfaces) may not be provided on a routine basis without a specific reason.	DX for L4392 and L4396	
L11554 External Breast Prostheses	Breast Prostheses		EY, LTRT	Diagnosis is critical. V10.3, V45.71, 174.0-174.9, 233.0, or 457.0. HCPCS L8000 (Bra), L8020 (foam form), L8030 (silicone form), L8031 (silicone form with adhesive - denied effective 02/04/11), L8032 (nipple prosthesis), L8015 (bra w/ mastectomy form), L8035 (custom fabricated prosthesis - denied effective 02/04/11). L8000 is covered for patients who qualify for L8020, L8030, L8031, or L8035 when the bra pocket is used to hold the from. No more than a 3 month supply may be delivered at any given time. Only 1 prosthesis allotted for each side. Bill with the RT or LT modifier. Effective 02/04/11, LTRT does is NOT required for bras or similar inherently bilateral items. Replacement and additional prostheses are only allowed due to reasonable useful lifetime is reached, loss, change in condition (e.g. size) or irreparable damage. Expected RUL: L8020 (6 months), L8030 (2 years), L8032 (3 months).	DX	Phone log required for authorization to ship supplies, or signed delivery ticket for retail orders. Call no sooner than 14 days before supplies are needed. Deliver no sooner than 10 days.

LCD ID	Item(s)	Pricing Mod	Policy Mod	Notes	Diagnosis Driven (DX)	Special Docs. (All require physician order and supporting chart notes)
L4989 Canes and Crutches	Canes/Crutches	NU (Purchase)	EY	Stability achieved with E0100 single point cane, E0105 quad or three prong; or crutches (E0110-E0116). Effective 02/04/11, spring assisted crutches HCPCS E0117 will always be denied as not medically necessary.		
L4991 Commodes	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. HCPCS E0163-E0171 are only covered when NOT used as a raised toilet seat (append the KX modifier). If used as a raised toilet seat, E0163-E0171 are statutorily noncovered and the GY modifier must be appended (do not use the KX, GA or GZ).		
L11449 Surgical Dressings	Compression Wraps and Stockings		AW, LTRT, EY, GY	An AW modifier must be appended to claims for gradient compression wraps (A6545) and stockings (A6531, A6532) if they are used to treat an ulcer as a surgical dressing. Otherwise, this is a non-covered service. 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.		