Billing Free Upgrade Cushion to Medicare:

The Sales Order should list the item (upgrade) being provided for it to print in the POD. The "Note" field should contain the make and model # to verify PDAC coding and approval. The "Note" field should also indicate what the item is a free upgrade from. Although, this information will be printed on the POD, when claim is submitted, the claim will need to be submitted with the medically necessary item with all appropriate modifiers along with GL modifier to indicate a higher level item was provided. Claim narrative will also need to be placed on the item being billed to indicate patient received a higher level item. See below example

POD Print Screen

Delivery Date	Time	CSR	Branch				
1/5/2024							
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse							
1	Purchase		AXFXSP1816F / E2607 AXIOIM SP-FLUID 18X16 Ki Mobility / AXFXSP1816F KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601 Unit of Measure: EA	$222.13	$332.23	$0.00	$0.00

In the above example, claim will still be only submitted with the medically necessary cushion with all appropriate modifiers and GL modifier to indicate patient received a higher level item. The claim narrative reflecting this information will also be submitted with the claim. See below on item billing.

		1/5/24	**16" CUSHION**	1	EA	1	E2601	NU KU KX GL	$86.65	$48.79	✖

Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Accept Assignment: True   **Taxable:** False
Item Name: E2601 GEN USE W/C CUSHION   **Item Description:**   CMN 26195 (Active)
UOM: Each(es)   **Price Type:** Purchase   **Location:**

Item Claim Note

Totals:

Type ADD-Additional Informati ▼

Note FREE UPGRADE TO E2607

Restricted to 80 alphanumeric characters

***KU modifier is utilized here as an example. Unless the base is a CRT MWC or Grp 3 PWC, KU modifier will not be utilized!!!

Billing Free Upgrade Cushions to Medicare continued

Alternative to example on the prior page, when providing a free upgrade, supplier may list both the free upgrade item and the medically necessary item. In this example, the make and model # would still be listed on the upgrade cushion being provided; however, upgrade cushion would be zeroed out. See below.

Upgrade item zeroed out.

Medically necessary cushion with GL modifier.

***KU modifier is utilized here as an example. Unless the base is a CRT MWC or Grp 3 PWC, KU modifier will not be utilized!!!

POD with both the free upgrade item and medically necessary item listed.

Delivery Date	Time	CSR	Branch				
1/5/2024		▮▮▮	▮▮▮▮▮				
Qty	**Type**	**Bin**	**Item**	**Ext. Allow**	**Ext. Charge**	**Tax**	**Co-Pay**
Warehouse			▮▮▮▮▮				
1	Purchase		AXFXSP1816F / E2607 AXIOIM SP-FLUID 18X16 Ki Mobility / AXFXSP1816F KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601 Unit of Measure: EA	$0.00	$0.00	$0.00	$0.00
1	Purchase		16" CUSHION / E2601 GEN USE W/C CUSHION MEDICALLY NECESSARY CUSHION Unit of Measure: EA	$48.79	$88.65	$0.00	$0.00
			TOTAL	$48.79	$88.65	$0.00	$0.00