

## 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

Upgrade item being provided with make, model and indication what it is a free upgrade from.

The screenshot displays a medical software application with two main windows. The top window is a 'Sales Order' screen with fields for Patient ID, SSN, Branch Office, Account Number, and various demographic details like DOB, Weight, Height, and Gender. A red box highlights the 'Note' field which contains the text: 'Upgrade item being provided with make, model and indication what it is a free upgrade from.' An arrow points from this note to the corresponding field in the 'Item' section of the POD. The bottom window is a 'POD' (Patient Order Document) screen. It shows an 'Item' section with details for Item ID AXXFSP1816F, Name E2607 AXIOIM SP-FLUID 18X16, Description, Location, and Coverage Type DME. It also includes sections for Medicare Purchase / Expired information, item pricing (Qty 1, BQty 1, Proc Code E2607, Price Option 2 - KU, Modifiers NU KU, Charge \$332.2300, Allow \$222.1300), Prior Authorization (PAR) information, Tax Info (Tax Rate, Tax Zone [None], Non-Tax Reason Government), and Ordering. The 'Note' field in the POD's Item section also contains the text: 'KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601'.

### POD Print Screen

Delivery Date		Time	CSR	Branch			
1/5/2024							
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
1	Purchase		AXXFSP1816F / E2607 AXIOIM SP-FLUID 18X16 Ki Mobility / AXXFSP1816F 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.

The screenshot shows a software interface for claim submission. At the top, there's a header with fields: Date (1/5/24), Item Description (16" CUSHION), Quantity (1), Unit of Measure (EA), Procedure Code (E2601), Diagnosis Codes (NU KU IX GL), and Total Amount (\$88.65). A red X button is in the top right corner.

Below the header, there's a section for insurance and assignment details:

- Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / [REDACTED]
- Accept Assignment: True
- Taxable: False
- Item Name: E2601 GEN USE W/C CUSHION
- UOM: Each(es)
- Price Type: Purchase

A blue bar labeled "Totals" is visible. To the right, there's a "Location:" field and a "CMN 26195 (Active)" status indicator. Below these, there's a "Item Claim Note" section with a red border around it. It includes a dropdown for "Type" set to "ADD-Additional Information" and a text input field containing "FREE UPGRADE TO E2607". A note below says "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.

Sales Order - [REDACTED] Save Confirm Print Send POD Eligibility Void New Patient Note ?

Patient [REDACTED] Branch Office [REDACTED] DOD [REDACTED] QMB Status Check Eligibility  
Patient ID [REDACTED] SSN No SSN Account Number [REDACTED] Weight [REDACTED] Height [REDACTED] Gender [REDACTED]

Order Clinical Insurance Items Purchasing Financial Schedule POD Messages Custom Fields Forms Documents History

Default Price Option Name [REDACTED] Update Price Option Add Item Actions Calculate Patient Responsibility

DOS	Item ID	Qty	UOM	BillQty	Proc Code	Modifiers	Charge	Allow	Next DOS	Actions	
1/5/24	<b>AXFXSP1816F</b>	1	EA	1	E2607		\$0.00	\$0.00		X	
Insurance: [Patient] (ID 102) Accept Assignment: True Taxable: True Item Name: E2607 AXIOIM SP-FLUID 18X16 UOM: Each(es) Price Type: Purchase						Item Description: Location: [REDACTED]					<a href="#">CMN 26697 (Pending)</a>
1/5/24 <b>16" CUSHION</b> 1 EA 1 E2601 NU KU KX GL						Item Description: Location: [REDACTED]	\$88.65 \$48.79				X
Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / [REDACTED] Accept Assignment: True Taxable: False Item Name: E2601 GEN USE W/C CUSHION UOM: Each(es) Price Type: Purchase						Height [REDACTED] Gender [REDACTED]					<a href="#">CMN 26195 (Active)</a>

**Medically necessary cushion with GL modifier.**

Order Clinical Insurance Items Purchasing Financial Schedule POD Messages Custom Fields Forms Documents History

**Item**

<b>Item</b> Item ID AXFXSP1816F Name E2607 AXIOIM SP-FLUID 18X16 Description Location [REDACTED] Coverage Type DME	<b>Note</b> KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601
<b>Retail Purchase Pricing</b> <input type="checkbox"/> Special Pricing <input checked="" type="checkbox"/> Taxable <input checked="" type="checkbox"/> Price Override <input type="checkbox"/> Special Tax Rate <input checked="" type="checkbox"/> Accept Assignment <input type="checkbox"/> Manual Convert to Purchase	<b>General</b> Prior System Key [REDACTED]

1/5/24 **16" CUSHION** 1 EA 1 E2601 NU KU KX GL \$88.65 \$48.79 X

Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / [REDACTED]  
Accept Assignment: True Taxable: False  
Item Name: E2601 GEN USE W/C CUSHION  
UOM: Each(es) Price Type: Purchase

**Item Claim Note**

Type ADD-Additional Information	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!!!

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
<b>TOTAL</b>					\$48.79	\$88.65	\$0.00	\$0.00