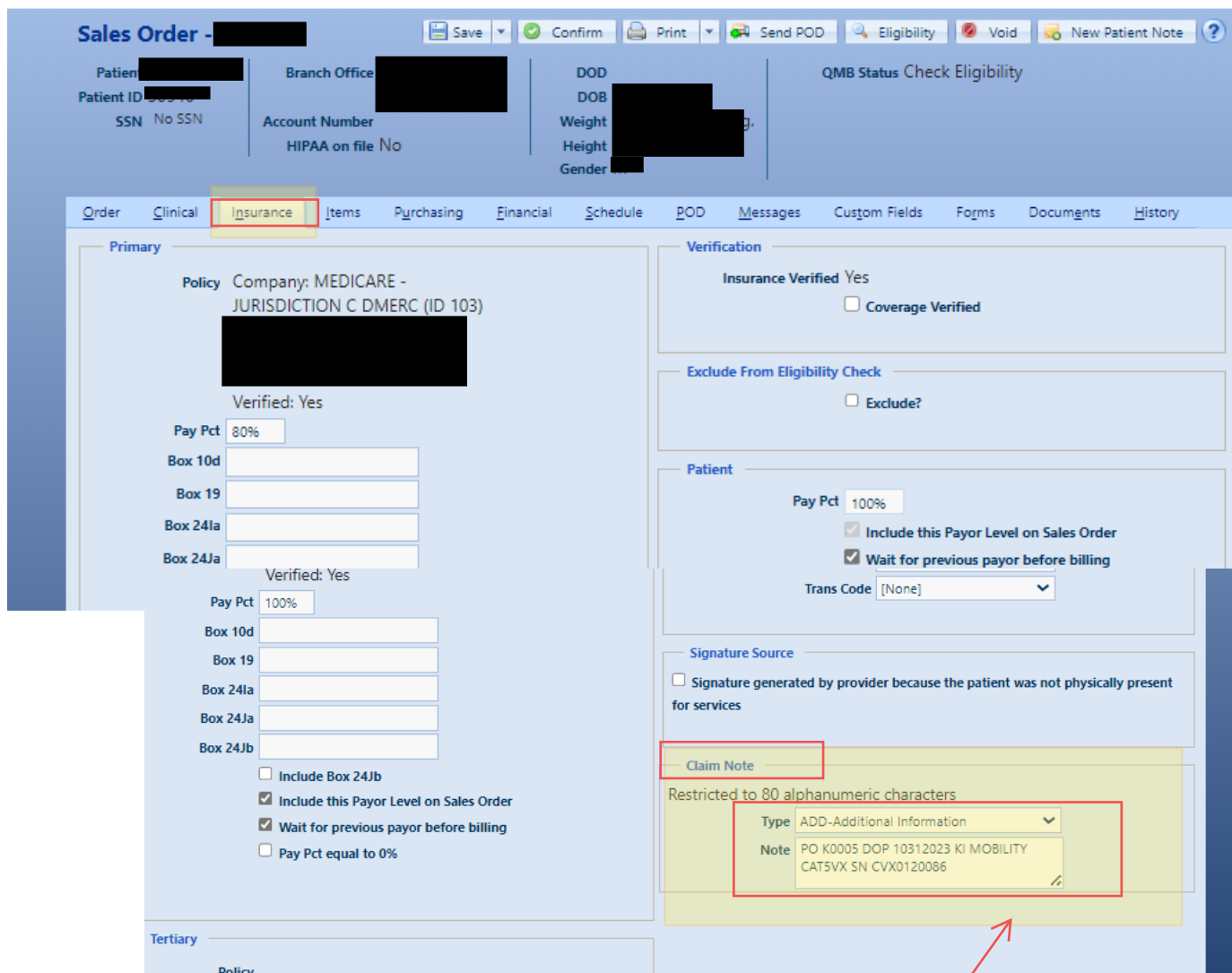


Billing Chargeable Upgrade Cushions to Medicare:

Step 1 - Make sure all fields in the Sales Order is completed correctly. Also, be sure to place information regarding the base equipment in the "Claim Note" tab located in the "Insurance Tab" in the Sales Order. (Screenshot 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] DOB [REDACTED]
 HIPAA on file No Weight [REDACTED] Height [REDACTED] Gender [REDACTED]

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

Primary

Policy Company: MEDICARE - JURISDICTION C DMERC (ID 103)
 [REDACTED]

Verified: Yes

Pay Pct 80%

Box 10d [REDACTED]

Box 19 [REDACTED]

Box 241a [REDACTED]

Box 24Ja [REDACTED]

Verified: Yes

Pay Pct 100%

Box 10d [REDACTED]

Box 19 [REDACTED]

Box 241a [REDACTED]

Box 24Ja [REDACTED]

Box 24Jb [REDACTED]

☐ Include Box 24Jb

☒ Include this Payor Level on Sales Order

☒ Wait for previous payor before billing

☐ Pay Pct equal to 0%

Verification

Insurance Verified Yes

☐ Coverage Verified

Exclude From Eligibility Check

☐ Exclude?

Patient

Pay Pct 100%

☒ Include this Payor Level on Sales Order

☒ Wait for previous payor before billing

Trans Code [None]

Signature Source

☐ Signature generated by provider because the patient was not physically present for services

Claim Note

Restricted to 80 alphanumeric characters

Type ADD-Additional Information

Note PO K0005 DOP 10312023 KI MOBILITY CAT5VX SN CVX0120086

Always enter the base information in the "Claims Note" field in the Sales Order's "Insurance Tab".

Billing Chargeable Upgrade Cushions to Medicare continued

Step 2 - Select the upgrade item being charged to the patient and list it first. Then, select the medically necessary cushion next.

Important Note 1: Medically necessary cushion should list its allowable in both the "Charge" and "Allow" fields.

For example, in the below example E2601 is the medically necessary cushion (listed as the 2nd line item). Per PDAC allowable for E2601 is \$71.92. The "Charge" and the "Allow" fields would need to reflect \$71.92. The chargeable upgrade cushion (listed as 1st line item), should list the price quoted to the patient on the ABN as the "Allow" amount, and the "Charge" field should contain the total of upgrade charge and the allowable of medically necessary cushion. (See screenshot below with specific comments).

Important Note 2: Medicare requires all cushions billed for coverage to be PDAC approved; therefore, the POD should reflect the make and model # of the cushions being provided to verify PDAC approval and correct coding. (See screenshot below with specific comments).

1st Line - Item being provided as a chargeable upgrade.

Chargeable upgrade to patient (price listed on the ABN).

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] HIPAA on file No

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]

	DOS	Item ID	Qty	UOM	BillQty	Proc Code	Modifiers	Charge	Allow	Next DOS
<input type="checkbox"/>	1/5/24	<u>AXFXSP1816F</u>	1	EA	1	E2607	NU KU GA	\$121.92	\$50.00	
<p>Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / MEDICAID OF TEXAS (TMHP) (ID 183) / [Patient] (ID 102)</p> <p>Accept Assignment: True Taxable: False</p> <p>Item Name: E2607 AXIOM SP-FLUID 18X16</p> <p>UOM: Each(es) Price Type: Purchase</p> <p>Item Description: [Redacted] Location: [Redacted]</p> <p>CMN 26697 (Pending)</p>										
<input type="checkbox"/>	1/5/24	<u>16" CUSHION</u>	1	EA	1	E2601	NU KU KX GK	\$71.92	\$71.92	
<p>Insurance: MEDICARE - JURISDICTION C DMERC (ID 103) / MEDICAID OF TEXAS (TMHP) (ID 183) / [Patient] (ID 102)</p> <p>Accept Assignment: True Taxable: False</p> <p>Item Name: E2601 GEN USE W/C CUSHION</p> <p>UOM: Each(es) Price Type: Purchase</p> <p>Item Description: [Redacted] Location: [Redacted] Equipment</p> <p>CMN 26195 (Active)</p>										

2nd Line - Medically necessary item

Sum (total) of E2601 allowable, plus the price quoted to the patient on the ABN.

Medically necessary cushion allowable from PDAC listed same in both "Charge" and "Allow" fields.

***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 Chargeable Upgrade Cushions to Medicare:



Example of item "Note" to print on POD to reflect chargeable upgrade and medically necessary cushion.

Upgrade Item (1st line)

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

Patient [Redacted] Branch Office [Redacted] DOD [Redacted]
Patient ID [Redacted] SSN No SSN Account Number [Redacted] HIPAA on file No
DOB [Redacted] Weight [Redacted] Height [Redacted] Gender [Redacted]

QMB Status Check Eligibility

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

Item [Save] [Remove Item] [Swap Item] [Previous] [Next]

Item ID AFXSP1816F
Name E2607 AXIOIM SP-FLUID 18X16
Description [Redacted]
Location [Redacted]

Note
KI MOBILITY AXIOM SP XSP1816F PT ELECT UPGRADE ABN

General

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

Patient [Redacted] Branch Office [Redacted] DOD [Redacted]
Patient ID [Redacted] SSN No SSN Account Number [Redacted] HIPAA on file No
DOB [Redacted] Weight [Redacted] Height [Redacted] Gender [Redacted]

QMB Status Check Eligibility

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

Item [Save] [Remove Item] [Swap Item] [Previous] [Next]

Item ID 16" CUSHION
Name E2601 GEN USE W/C CUSHION
Description [Redacted]
Location [Redacted]
Coverage Type LIME

Note
MEDICALLY NECESSARY CUSHION

General

Medically necessary item (2nd line)

POD Print Screen:

Delivery Date		Time	CSR	Branch			
1/5/2024			[Redacted]	[Redacted]			
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse			[Redacted]				
1	Purchase		AFXSP1816F / E2607 AXIOIM SP-FLUID 18X16 Ki Mobility / AFXSP1816F KI MOBILITY AXIOM SP XSP1816F PT ELECT UPGRADE ABN Unit of Measure: EA	\$50.00	\$121.92	\$0.00	\$50.00
1	Purchase		16" CUSHION / E2601 GEN USE W/C CUSHION MEDICALLY NECESSARY CUSHION Unit of Measure: EA	\$71.92	\$71.92	\$0.00	\$0.00