

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.

Sales Order - [Redacted]

Patient [Redacted]

Patient ID [Redacted]

SSN No SSN

Branch Office [Redacted]

Account Number [Redacted]

HIPAA on file No

DOB [Redacted]

DOB [Redacted]

Weight [Redacted]

Height [Redacted]

Gender [Redacted]

Eligibility

Void

New Patient Note

Order

Clinical

Insurance

Items

Purchasing

Financial

Schedule

POD

Messages

Custom Fields

Forms

Documents

History

Item

Item ID AXFXSP1816F

Name E2607 AXIOIM SP-FLUID 18X16

Description [Redacted]

Location [Redacted]

Coverage Type DME

Note KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601

General

Prior System Key

Medicare Purchase / Expired - Dallas-Fort Worth-Arlington, TX - R1 2017 / CB Pricing

☐ Special Pricing

☐ Taxable

☐ Price Override

☐ Special Tax Rate

☒ Accept Assignment

☐ Manual Convert to Purchase

☐ ABN

☐ ABN Upgrade

☐ CB Override

Qty 1

BQty 1

Proc Code E2607

Price Option 2 - KU

Modifiers NU KU

Charge \$332.2300

Allow \$222.1300

Extended: \$332.23

\$222.1300

Prior Authorization (PAR)

PAR ID	PAR Number	Status	Exp. Date
		None selected	
		None selected	
		None selected	

Tax Info

Tax Rate

Tax Zone [None]

Non-Tax Reason Government

Ordering

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.

1/5/2416" CUSHION1EA1E2601NU KU KX GL\$88.65\$48.79

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

Item Description: CMN 26195 (Active)  
Location:

Totals:

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!!!

# 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]

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]  
HIPAA on file No

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

Default Price Option Name [Redacted] Update Price Option [Redacted] Add Item [Redacted] Actions [Redacted]

Calculate Patient Responsibility

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

Upgrade item zeroed out.

Medically necessary cushion with GL modifier.

**Item**

Item ID AXFXSP1816F  
Name E2607 AXIOIM SP-FLUID 18X16  
Description [Redacted]  
Location [Redacted]  
Coverage Type DME

Note  
KI MOBILITY AXIOM SP XSP1816F Free Upgrade from E2601

General  
Prior System Key [Redacted]

Retail Purchase Pricing  
☐ Special Pricing ☒ Taxable ☒ Price Override ☐ Special Tax Rate ☒ Accept Assignment ☐ Manual Convert to Purchase

	DOS	Item ID	Qty	UOM	BillQty	Proc Code	Modifiers	Charge	Allow	Next DOS	
<input type="checkbox"/>	1/5/24	<b>16" CUSHION</b>	1	EA	1	E2601	NU KU KX GL	\$88.65	\$48.79		✖
<b>Insurance:</b> MEDICARE - JURISDICTION C DMERC (ID 103) / [Redacted] <b>Accept Assignment:</b> True <b>Taxable:</b> False <b>Item Name:</b> E2601 GEN USE W/C CUSHION <b>UOM:</b> Each(es) <b>Price Type:</b> Purchase <b>Item Description:</b> [Redacted] <b>Location:</b> [Redacted] <a href="#">CMN 26195 (Active)</a>											
<b>Totals:</b>											

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
TOTAL				\$48.79	\$88.65	\$0.00	\$0.00