

## 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).

The screenshot shows the Sales Order interface with the Insurance tab selected. The 'Primary' section displays policy information: Policy Company: MEDICARE - JURISDICTION C DMERC (ID 103). Below this, there are four boxes (Box 10d, Box 19, Box 24la, Box 24ja) each with a 'Pay Pct' field (80%, 100%, 100%, 100% respectively) and a 'Verified: Yes' label. Under 'Box 24Ja', there are checkboxes for 'Include Box 24Jb', 'Include this Payor Level on Sales Order' (checked), 'Wait for previous payor before billing' (checked), and 'Pay Pct equal to 0%' (unchecked). The 'Tertiary' section is partially visible. On the right side, under 'Verification', there are sections for 'Insurance Verified' (Yes, Coverage Verified checked), 'Exclude From Eligibility Check' (Exclude? checkbox), 'Patient' (Pay Pct 100%, checkboxes for 'Include this Payor Level on Sales Order' and 'Wait for previous payor before billing' checked), and 'Signature Source' (checkbox for 'Signature generated by provider because the patient was not physically present for services'). The 'Claim Note' field is highlighted with a red box and contains the text: 'Restricted to 80 alphanumeric characters'. A red arrow points from this note to a callout box at the bottom.

Always enter the base information in th "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).

Sales Order [REDACTED]																																																	
Patient		Branch Office		DOD		QMB Status Check Eligibility																																											
Patient ID [REDACTED]	SSN No SSN	Account Number	HIPAA on file	DOB	Weight	Height	Gender																																										
<p>Order Clinical Insurance Items Purchasing Financial Schedule POD Messages Custom Fields Forms Documents History</p> <p>Default Price Option Name <input type="text"/> Update Price Option Add Item Actions Calculate Patient Responsibility</p> <table border="1"> <thead> <tr> <th>DOS</th> <th>Item ID</th> <th>Qty</th> <th>UOM</th> <th>BillQty</th> <th>Proc Code</th> <th>Modifiers</th> <th>Charge</th> <th>Allow</th> <th>Next DOS</th> </tr> </thead> <tbody> <tr> <td>1/5/24</td> <td>AXFXSP1816F</td> <td>1</td> <td>EA</td> <td>1</td> <td>E2607</td> <td>NU KU GA</td> <td>\$121.92</td> <td>\$50.00</td> <td>X</td> </tr> <tr> <td colspan="10"> <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 AXIOIM SP-FLUID 18X16</p> <p>UOM: Each(es) Price Type: Purchase</p> <p>Item Description: Location: [REDACTED] CMN 26697 (Pending)</p> </td> </tr> <tr> <td colspan="10"> <p>1/5/24 16" CUSHION 1 EA 1 E2601 NU KU KX GK \$71.92 \$71.92 X</p> <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: Location: [REDACTED] Equipment CMN 26195 (Active)</p> </td> </tr> </tbody> </table>										DOS	Item ID	Qty	UOM	BillQty	Proc Code	Modifiers	Charge	Allow	Next DOS	1/5/24	AXFXSP1816F	1	EA	1	E2607	NU KU GA	\$121.92	\$50.00	X	<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 AXIOIM SP-FLUID 18X16</p> <p>UOM: Each(es) Price Type: Purchase</p> <p>Item Description: Location: [REDACTED] CMN 26697 (Pending)</p>										<p>1/5/24 16" CUSHION 1 EA 1 E2601 NU KU KX GK \$71.92 \$71.92 X</p> <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: Location: [REDACTED] Equipment CMN 26195 (Active)</p>									
DOS	Item ID	Qty	UOM	BillQty	Proc Code	Modifiers	Charge	Allow	Next DOS																																								
1/5/24	AXFXSP1816F	1	EA	1	E2607	NU KU GA	\$121.92	\$50.00	X																																								
<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 AXIOIM SP-FLUID 18X16</p> <p>UOM: Each(es) Price Type: Purchase</p> <p>Item Description: Location: [REDACTED] CMN 26697 (Pending)</p>																																																	
<p>1/5/24 16" CUSHION 1 EA 1 E2601 NU KU KX GK \$71.92 \$71.92 X</p> <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: Location: [REDACTED] Equipment CMN 26195 (Active)</p>																																																	

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

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

**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.**

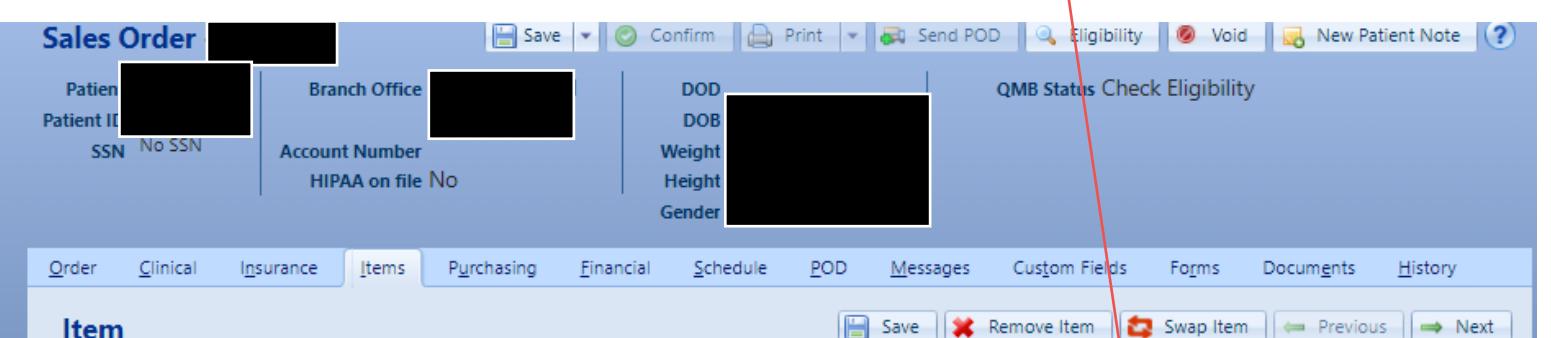
\*\*\*KU modifier is utilized here as an example. Unless the base is a CRT MWC or Grp 3 PWC, KU modifier will not be utilized!!!

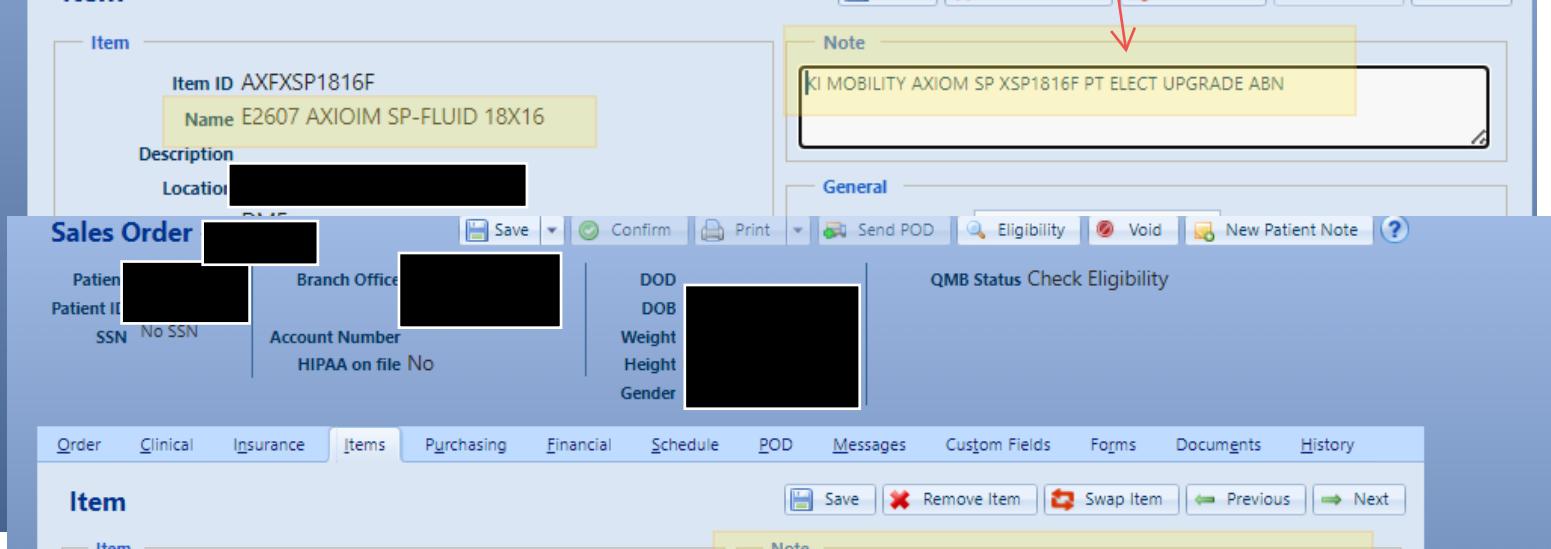
# Billing Chargeable Upgrade Cushions to Medicare:

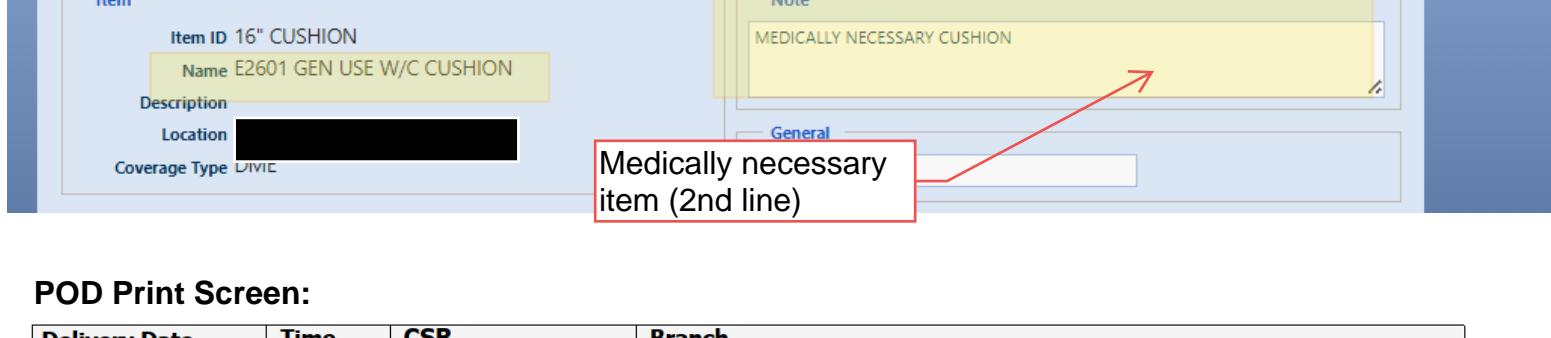
Example of item "Note" to print on POD to reflect chargeable upgrade and medically necessary cushion.

Upgrade Item (1st line)









## POD Print Screen:

Delivery Date		Time	CSR	Branch				
1/5/2024								
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay	
<b>Warehouse</b>								
1	Purchase		AXFXSP1816F / E2607 AXIOIM SP-FLUID 18X16 Ki Mobility / AXFXSP1816F 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	