

## PROVIDER BULLETIN

Volume 36 Number 18

<http://dss.mo.gov/mhd/>

April 30, 2014

### DURABLE MEDICAL EQUIPMENT

---

#### CONTENTS

- **National Correct Coding Initiative**
  - **Nursing Home Wheelchair Claims For Dual Eligible (Medicare & Medicaid) Participants**
- 

#### **NATIONAL CORRECT CODING INITIATIVE (NCCI)**

As indicated in the MO HealthNet Provider Bulletin Volume 36, Number 16, dated December 17, 2013, effective on December 22, 2013 claims for durable medical equipment services are subject to NCCI editing. The Centers for Medicare and Medicaid Services (CMS) established the NCCI program to ensure the correct coding of services. NCCI edits prevent inappropriate payment of services that should not be reported together. Each edit has a column one and column two HCPCS code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the column two code is denied and the column one code is eligible for payment.

Based on the NCCI edits, there may be some changes required to how DME services are provided. For example, for a participant who may have a power wheelchair and a back-up manual wheelchair, NCCI editing will not allow a power wheelchair accessory and manual wheelchair base to be billed on the same date for the same participant by the same provider even if the services have been prior authorized or approved based on medical necessity. The services must be provided on different dates of service. To ensure proper claim filing and avoid claim denials, DME providers are encouraged to review the Medicaid NCCI information available through the CMS website at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>.

#### **NURSING HOME WHEELCHAIR CLAIMS FOR DUAL ELIGIBLE (MEDICARE & MO HEALTHNET) PARTICIPANTS**

Claims for wheelchair bases, accessories and repairs for nursing home participants who are not under a Medicare Part-A nursing home stay do not require a Medicare denial for the claim to be processed by MO HealthNet.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**