Independence

Modifier usage for DME and P&O billing providers

Independence Blue Cross (Independence) will be expanding the enhanced claim editing process to include additional rules specific to durable medical equipment (DME) and prosthetic and orthotic (P&O) billing providers **effective for claims processed beginning August 1, 2019.** Independence will enforce Centers for Medicare & Medicaid Services rules on modifier usage including the following modifiers:

Modifier	Requirements
A1 – A9, GY	All surgical dressings billed by a DME provider require a modifier indicating the number of wounds on which the surgical dressing was used. Modifiers A1 – A9, have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. The modifier number must correspond to the number of wounds on which the dressing is being used and not the total number of wounds treated. When a dressing is provided in a noncovered situation, Modifier GY must be added to the code. Additionally, when tape is furnished in conjunction with a surgical dressing (Modifier AW), Modifier A1 – A9 is required to be appended to codes indicating the number of wounds being treated.
AU, AV, AW, and AX	Modifiers have been established for use when items are furnished in conjunction with various supplies listed in multiple durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) benefit categories, DME MAC Local Coverage Determinations (LCD), and Related Policy Articles (PA) such as tape. These modifiers identify items that are eligible for reimbursement under multiple benefit or payment categories: • **AU:** Item furnished in conjunction with a urological, ostomy, or tracheostomy supply. • **AV:** Item furnished in conjunction with a prosthetic device, prosthetic, or orthotic. • **AW:** Item furnished in conjunction with a surgical dressing. • **AX:** Item furnished in conjunction with dialysis services.
CG	Spinal orthoses billed without Modifier CG (Policy criteria applied) or GY (Item or service statutorily excluded or does not meet the definition of any Medicare benefit) is inappropriate. Additionally, Hand and Finger orthoses reported without Modifier CG (Policy criteria applied) is also inappropriate.
FA – F9 and TA – T9	When a finger or toe device is reported, the presence of a specific finger Modifier FA – F9 or a specific toe Modifier TA – T9 to indicate the anatomic site being treated is required.
K0 – K4	Functional modifiers have been developed to define ability. A lower limb prosthesis must be billed with one of the functional modifiers. **Functional modifiers:** • **K0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility. • **K1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household. • **K2:** Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator. • **K3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple location. • **K4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

KS, KX	Home glucose monitors must be appended with Modifier KS (Glucose monitor supply for diabetic beneficiary not treated with insulin) or Modifier KX (Documentation on file) to indicate whether the patient is insulin dependent.
KX, GA, or GZ	Certain DME must be billed with Modifier KX if all of the indications and coverage limitations criteria have been met. This includes: • controlled dose inhalation drug delivery system • multi-positional patient transfer system • ultrasonic/electronic aerosol generator with small volume nebulizer • hospital bed • power mobility device • seat and back cushions and positioning accessories • respiratory assist device (RAD) or airway pressure device • custom oral appliance for obstructive sleep apnea (OSA) • external insulin infusion pumps and insulin for use with DME • form fitting conductive garment for delivery of TENS • knee orthosis and Orthotic additions • heavy duty walker • orthopedic footwear and the associated inserts or modifications • negative pressure wound therapy pumps • urological supplies • anti-reflective coating, polycarbonate or Trivex® lenses, tints, or oversized lenses If all of the criteria have **NOT** been met, then Modifier GA or GZ must be added to the code and Modifier KX should *not* be appended.
NU, UE, and RR	Modifier NU represents a new equipment purchase and Modifier UE represents a used equipment purchase. Modifier RR is to be utilized when DME is rented, such as oxygen and oxygen equipment.
RT/LT	For those orthotics or prosthetics that may be billed bilaterally, either Modifier RT (Right) or LT (Left) must be used to define which side is being supported (orthotic) or replaced (prosthetic). It is inappropriate to also include Modifier 50 (bilateral procedure).