

## **Jurisdictions B, C and D Councils Combined A-Team Questions August 2021**

### **Enteral/Parenteral/IV Therapy**

1. Noridian has indicated that Radicava (1301) billed with the GY modifier will result in a PR96 denial code. Is this the case for CGS as well? In the past suppliers had been receiving a CO-109 (wrong contractor) denial, which did not allow them to bill the secondary insurance.

DME MAC response: CGS currently denies HCPCS J1301 as patient responsibility (PR) with American National Standards Institute (ANSI) Reason Code 204, Remark Code N130. Noridian is currently denying with PR 96.

- Reason Code 204: This service/equipment/drug is not covered under the patient's current benefit plan
- Remittance Advice Remark Code N130: Consult plan benefit documents/guidelines for information about restrictions for this service.
- Reason Code 96: Non-covered charge(s).

### **Respiratory Care Equipment/Oxygen/PAP/Other**

2. Can you bill a CPAP (E0601) using OSA if it is a secondary diagnosis to primary central sleep apnea? The diagnostic PSG showed over 50% central events but had some obstructive hypopneas. The physician ordered a CPAP titration, and it showed the obstructive events resolved and the central events did not have an AHI above five. The physician ordered CPAP. We told the physician that the patient would need to pay out of pocket with an ABN as CPAP is only covered for OSA primary. I am searching for documentation from Medicare where it states you must use the primary diagnosis to bill the CPAP. The physician is wanting proof as to why we would not expect Medicare to pay. Ended up that our competitor took the set up and billed Medicare assigned and no ABN as they said it was covered.

DME MAC Response: There must be sufficient information included in the medical record to demonstrate that all of the applicable coverage criteria are met. This information must be available upon request. The PAP Local Coverage Determination (LCD) indicates PAP devices will be considered for coverage with a diagnosis of OSA however, the policy does not indicate OSA must be the primary diagnosis. Refer to the Positive Airway Pressure (PAP) Devices LCD (L33718) to review all the coverage criteria.

### **Documentation/Education/Regulatory/Miscellaneous/Other**

No questions submitted.

### **Home Medical Equipment**

No questions submitted.

### **Medical Supplies/Ostomy/Urological/Diabetic Supplies**

No questions submitted.

### **Prosthetics/Orthotics**

No questions submitted.

### **Rehab Equipment**

No questions submitted.

**CEDI**

No questions submitted.