

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



New products from the Medicare Learning Network® (MLN)

[“Medicare Quarterly Provider Compliance Newsletter \[Volume 3, Issue 2\],”](#) Educational Tool, ICN 908424, Downloadable or Hard Copy.

MLN Matters® Number: MM8056 **Revised**

Related Change Request (CR) #: CR 8056

Related CR Release Date: April 5, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R1250TN

Implementation Date: July 1, 2013

Payment Related to Prior Authorization for Power Mobility Devices (PMD)

Note: This article was revised on June 28, 2013, to reflect the revised CR8056 issued on June 25. In this article, the CR release date, transmittal number and the Web address for accessing CR8056 were revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for Medicare Fee-For-Service (FFS) physicians/treating practitioners who prescribe Power Mobility Devices (PMDs) for Medicare beneficiaries who reside in the demonstration states of California, Texas, Florida, Michigan, Illinois, North Carolina, and New York and submit a prior authorization request to DME Medicare Administrative Contractors for a PMD.

Provider Action Needed

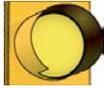


STOP – Impact to You

This article is based on Change Request (CR) 8056 and outlines the requirements for the PMD demonstration prior authorization initiative.

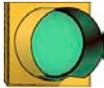
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CAUTION – What You Need to Know

If a physician/treating practitioner submits the initial prior authorization request, the physician/treating practitioner is entitled to a G-code (G9156) incentive payment. This incentive payment is for his/her initial prior authorization request for a beneficiary only. Only one G9156 code may be billed per beneficiary per PMD even if the physician/treating practitioner must resubmit the prior authorization request. The \$10 incentive payment is issued to the physician/treating practitioner on a quarterly basis by a designated Medicare Payment Contractor that issues the incentive payments for all Medicare contractors.



GO – What You Need to Do

Make sure that your billing staffs are aware of these requirements. See the Background and Additional Information Sections of this article for further details.

Background

The Centers for Medicare & Medicaid Services (CMS) has the authority under the Social Security Act (Section 1834(a)(15) see http://www.ssa.gov/OP_Home/ssact/title18/1834.htm on the Internet) to develop and periodically update a list of Durable Medical Equipment (DME) items which are subject to prior authorization before claim payment. Under demonstration authority CMS is proposing a three year prior authorization process for PMDs in California, Florida, Illinois, Michigan, New York, North Carolina, and Texas based on beneficiary addresses, an initiative referred to hereafter as prior authorization. This initiative is designed as a tool to protect the Medicare Trust Fund by deterring fraudulent and abusive billing practices and make the physician or treating practitioner more accountable for the items he or she orders to prevent improper payments.

Under this PMD demonstration the physician/treating practitioner may submit the prior authorization request. If the prior authorization request is submitted by the physician/treating practitioner, the physician/treating practitioner may bill G9156. The physician/treating practitioner is entitled to a quarterly incentive payment of \$10 for each G9156 code that meets all eligibility requirements. G9156 is submitted to the Medicare Administrative Contractor (A/B MACs) and/or carriers with the PMD prior authorization number. The \$10 incentive payment is issued to the physician/treating practitioner on a quarterly basis.

In submitting the G9156 code, providers must also show a billed amount of \$10 or the claim will reject. If the G9156 is submitted with other codes, Medicare will split the claim. Thus, providers should submit the G9156 code on an assigned claim with no other codes.

Additional Information

The official instruction, CR8056, issued to your carrier and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R12500TN.pdf> on the CMS website.

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MLN Matters® Article SE1231 outlines the parameters for the PMD demonstration project and may be reviewed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1231.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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