



BlueCross BlueShield
of Texas

Durable Medical Equipment (DME) Miscellaneous Code Billing Provider Training



Revised: 09222020



TRAINING AGENDA



- What is defined as a miscellaneous code?
- Authorization process for miscellaneous codes.
- What are the options for billing miscellaneous codes?
- What documentation is required to bill a miscellaneous code?
- How are miscellaneous codes priced?
- Available resources for DME providers.

DME Miscellaneous Code Definition

- Any code listed on the TMHP fee schedule that is shown to be manually reviewed to determine pricing.

Code Examples:

- T1999 - Miscellaneous therapeutic items and supplies
- A7520 - Trach/laryn tube non-cuffed
- K0108 - Wheelchair component or accessory, not otherwise specified

Authorization Requirements

- BCBSTX provides a listing of all codes that require authorization on our website:

https://www.bcbstx.com/provider/pdf/2020_prior_auth_proc_code_grid.pdf

- The most current TMPPM will identify all codes that have a limitation of units. If a member requires more units than the identified limitation authorization is required for payment. The TMPPM can be located using the following web link: http://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2_DME_and_Supplies%2F2_DME_and_Supplies.htm&rhsearch=dme&rhhlterm=dme&rhsyns=%20



Authorization Process for DME Miscellaneous Codes

Submit Authorization through Availity Provider Portal.

The users guide that has the process for submitting authorizations is found using the following link:

https://www.bcbstx.com/provider/pdf/auth_user_guide.pdf

Authorization Process for DME Miscellaneous Codes

Call Utilization Management to request authorization. The phone number is listed on the Quick Reference Guide found at the following link: https://www.bcbstx.com/provider/medicaid/education_reference.html

Please have the following information when calling:

- Member name and Patient Control Number (Member ID number)
- Diagnosis codes
- CPT/HCPCS procedure codes
- Date of services
- DME name and NPI number
- Requesting physician and NPI number
- Clinical data that supports the request should be faxed into the appropriate fax number

Secondary Insurance Authorization

- No PA needed for secondary claims payment.
- If medical necessity is not granted by the primary insurance plan, the provider must exhaust the primary insurance plan's appeal process.
- Once all appeal processes have been exhausted, the provider can submit services to BCBSTX Medicaid to establish medical necessity review.

Miscellaneous Code Billing Options

Currently there are three ways to submit miscellaneous code billing



Submit paper claims with MSRP/Manufacturers Invoice for all miscellaneous code



Fax claims with MSRP/Manufacturers Invoice for all miscellaneous codes



Submit claims electronically and fax MSRP/Manufacturers Invoice for all miscellaneous codes including the claim number to identify the claim the documentation is supporting.

Required Documentation for Miscellaneous Billing Codes

- If an item is manually priced, providers must submit documentation of **one** of the following for consideration of purchase or rental with the appropriate procedure codes:
 - The MSRP or average wholesale price (AWP), whichever is applicable
 - The provider's documented invoice cost
- **Note:** *Handwritten alterations (crossing out of information or changing values) of the invoice render the invoice invalid.*

Miscellaneous codes pricing

- DME and expendable supplies, other than nutritional products, that have no established fee, are subject to manual pricing at the documented MSRP less 18 percent or the provider's documented invoice cost.
- Nutritional products that have no established fee are subject to manual pricing at the documented AWP less 10.5 percent or at the provider's documented invoice cost.



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Questions?





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