

May 10, 2022 Web Announcement 2779

<u>Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):</u>

Update Regarding Wheelchair and Wheelchair Accessory Claims Reprocessing

Update to <u>Web Announcement 2521</u>: The following claims submitted by provider type (PT) 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) have been reprocessed automatically to adjudicate correctly.

- Professional Medicare crossover claims for wheelchairs and wheelchair accessories that were denied by Medicaid in error with error code 5593 (1 unit allowed per 60 rolling months – PA override). The impacted claims had dates of service on or after February 1, 2019, through November 9, 2021, and were processed on or after February 1, 2019, through November 9, 2021.
- Claims for wheelchair procedure codes *E1240*, *E1270*, *E1280*, *K0001*, *K0002*, *K0003* or *K0004* that paid in error when a paid history claim was on file during the previous 5 years for a wheelchair, wheelchair accessory or other Durable Medical Equipment (DME). The impacted claims had dates of service on or after June 1, 2021, through November 9, 2021, and were processed on or after June 1, 2021, through November 9, 2021.
- Claims for wheelchair procedure codes K0005, K0006, K0007 or K0009 that paid in error when a paid
 history claim was on file during the previous 5 years for a wheelchair, wheelchair accessory or other DME.
 The impacted claims had dates of service on or after August 15, 2019, through November 9, 2021, and
 were processed on or after August 15, 2019, through November 9, 2021.

Results of the reprocessed claims appear on remittance advices dated May 13, 2022. When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to Medicaid Services Manual Chapter 100 and the Billing Manual for information concerning the claim appeal process and time frames.