

# Condition of Payment Prior Authorization (PA) Program

Prior Authorization for Lower Limb Prosthetic codes will be implemented in two phases. Phase one will begin September 01, 2020 in one state from each Durable Medical Equipment Medicare Administrative Contractor (DME MAC) jurisdiction: **California, Michigan, Pennsylvania** and **Texas** – Cigna Government Services (CGS) will begin accepting requests for prior authorization in Michigan and Texas on August 18, 2020.

Phase two will begin December 01, 2020 and expands prior authorization to all remaining states and territories.

The program does **NOT** create any new documentation requirements; it simply requires the information be submitted earlier in the claims process.

## Affected HCPCS Codes

**L5856:** Addition to lower extremity prosthesis, endo knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type.

**L5857:** Addition to lower extremity prosthesis, endo knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type.

**L5858:** Addition to lower extremity prosthesis, endo knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type.

**L5973:** Endo ankle foot system, microprocessor-controlled feature, dorsiflexion and/or plantar flexion control, includes power source.

**L5980:** All lower extremity prostheses, flex foot system

**L5987:** All lower extremity prosthesis, shank foot system with vertical loading pylon

## The Process of Prior Authorization

### The Prior Authorization Request (PAR) Content

**DME MAC coversheet**, captures all required content

#### Beneficiary Information

- Supplier information
- HCPCS codes under review
- Type of submission
  - Initial or re-submission
- Expediate review

The image shows two sample forms side-by-side. The left form is a 'noridian' Prior Authorization Request (PAR) form, which includes fields for patient information, provider information, and HCPCS codes. The right form is a 'CMS' Condition of Payment Prior Authorization (PA) Program form, which includes fields for the DMEPOS MAC, the HCPCS code, and the date of service. Both forms have a CMS logo at the bottom.

#### • **Standard Written Order**

- **Medical Necessity** - information which contains Physician notes, Prosthetist notes (that corroborates and provides details consistent with physician records), PT notes along with functional level assessments and patient stated desire to ambulate.

## Prior Authorization Submission

- You can submit the PAR by mail, fax, electronic submission of Medical Documentation (esMD), or dedicated DME MAC provider portals. You can register with DME MAC to utilize the online portals:

[www.cgsmedicare.com](http://www.cgsmedicare.com) Region B, Region C

[www.noridianmedicare.com](http://www.noridianmedicare.com) Region A, Region D

## PAR Review and Decision

- DME MAC will review the PAR and respond within 10 business days. The response will include a detailed decision letter and unique tracking number (UTN), which will be needed for payment. The decision letters will be sent to the address on file with National Supplier Clearinghouse (NSC).

**If your practice receives an Affirmative PAR Decision** - Valid for 120 calendar days and all approved items must be delivered within those 120 days. Any delays require a new PAR.

- Submit your claim as normal. If you utilize the 1500 Claim Form, the UTN is submitted in the first 14 positions in item 23. All other data submitted in item 23 must begin in position 15.
- Electronic claims- the UTN is submitted in either the 2300 - Claim Information loop or 2400 - Service Line loop in the Prior Authorization reference (REF) segment where REF01 = "G1" qualifier and REF02 = UTN.
- Electronic Submission of Medical Documentation System (esMD) - Use the document/content type "8.4".

## If your practice receives a Non-Affirmative Decision-Two options

- Resubmit the PAR after reviewing the decision and correcting errors. DME MAC will review the new PAR and respond within 10 business days. There is no limit on the number of resubmissions.
- Submit the claim as normal including the UTN, the code(s) will be denied, and you may appeal or consider using an Advance Beneficiary Notice (ABN) with the correct utilization. \*See rules for ABN usage.

**Effective January 1, 2021 any product billed with these listed L codes must be listed on the PDAC website.**

## Please utilize the following resources to help your practice navigate the Prior Authorization implementation.

AOPA and the information they have provided on this subject:

<https://www.aopanel.org/legislative-regulatory/prior-authorization/>

Noridian Lower Limb Prostheses Prior Authorization Webinar:

<https://register.gotowebinar.com/register/2383298514372020491>

Region A and Region D:

<https://med.noridianmedicare.com/web/portalguide/inquiry-guide/prior-authorizations>

Region B and Region C:

[https://www.cgsmedicare.com/jb/mr/llp\\_prior\\_auth.html](https://www.cgsmedicare.com/jb/mr/llp_prior_auth.html)