

DME Coding and Crosswalk Challenges

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Agenda

- General Background
- Medicaid Response
- DMEPOS Background
- Manufacturers/Providers Involvement
- Process
- Challenges
- Opportunities for Involvement

General Background

- HIPAA of 1996
 - States seek national HCPCS codes to replace local codes no longer recognized in health care transactions
 - October 2002 deadline
- December 2001 – HR3323
 - Administrative Simplification Compliance Act
 - 1 year extension for complying with & HIPAA standard transactions and code set requirements
 - New deadline – October 16, 2003

Medicaid Response

- National Medicaid EDI HIPAA workgroup (NEMH) developed solutions
- Responsible for crosswalking wide scope of local codes
 - 9 categories (e.g. dental, transportation)

Medicare Response (cont.)

- Developed Process
 - Why local codes developed/how they are being used
 - Evaluated current codes/match to HCPCS
 - 30 states submit 30,000 codes/1 list
 - States refined codes
 - Codes accumulated again - 18,000
 - 1999 – local workgroups met in Baltimore
 - All codes crosswalked
 - Each state given choice to have another acceptable crosswalk or submit request for code
 - Eliminated duplicates
 - Developed generic codes to encompass similar items

Medicare Response (cont.)

- Developed crosswalks/completed HCPCS code applications
- List sent to NMEH listserve for comments
- Submitted code applications to HCFA
- HCFA expect Medicaid to reduce list to 2000 or less
- January 2001 – first group of Medicaid codes accepted
- 30,000 initial codes -- 500 new codes and modifiers

DMEPOS Background

- States asked to perform first crosswalking; send outliers
- Ideally DMEPOS crosswalking done end of 2000
- Medicaid call manufacturers to submit for new codes by April 2001
- Problem – DMEPOS Medicaid subgroups took on other HIPAA issues
- CMS contact leaves in April 2001
- Minnesota Medicaid staff does second crosswalking alone

Manufacturer/Provider Involvement

- March 2001 – work with HCFA contact
- April 2001 – meet new HCFA staff
- April 2001 – HCFA/Medicaid ask Nusgart Consulting LLC to work with them to develop new codes
- April – May 2001 – work with Minnesota Medicaid contact
- August 2001 – receive Excel spreadsheet of 6000 codes from Minnesota Medicaid
- Manufacturer/Provider organizations chosen to review codes

Anticipated Process

- CMS clarifies that all DME codes must go through Level II HCPCS coding process
- Identify DME contacts at state Medicaid through NEMH
- Each product sector crosswalk codes/call states for clarification/identify new codes
- Confirm new codes needed/ send HCPCS coding applications to CMS
- Convene educational seminars for state Medicaid in 2003; perform DMERC/SADMERC staff training on new codes
- Work with SADMERC regarding product classification list for new codes

Challenges (Excel spreadsheet)

- States may not have crosswalked correctly
- Products from states to HCPCS may not match
- Each versus pair
- NDC versus HCPCS
- Not all states contributed
- Incomplete descriptors

Challenges (process)

- Due to lack of funding, the SADMERC is unable to help with the process
- Labor intensive process to complete hundreds of HCPCS code applications

Opportunities for Involvement

- Work now to prevent problems later
- Establish network with DME Medicaid contacts
- How you can help
 - Ensure state DME staff help us
 - Identify gaps in coding