

2018 Administrative Guide

Physician, Health Care Professional, Facility and Ancillary

KanCare Program

Chapter 10: DME

Welcome to the UnitedHealthcare Community Plan care provider manual. This complete and up-to-date reference PDF (manual/guide) allows you and your staff to find important information such as processing a claim and prior authorization. This manual also includes important phone numbers and websites on the How to Contact Us page. Operational policy changes and other electronic tools are ready on our website at UHCprovider.com.

Click the following links to access different manuals:

- [UnitedHealthcare Administrative Guide](#) for Commercial and Medicare Advantage member information. Some states may also have Medicare Advantage information in their Community Plan manual.
- A different Community Plan manual – go to UHCCCommunityPlan.com, click For Health Care Professionals at the top of the screen. Select the desired state.

Easily find information in this manual using the following steps:

1. Select CTRL+F.
2. Type in the key word.
3. Press Enter.

If available, use the binoculars icon on the top right hand side of the PDF.

If you have any questions about the information or material in this manual or about any of our policies, please call Provider Services.

We greatly appreciate your participation in our program and the care you offer our members.

Important Information about the use of this manual

In the event of a conflict between your agreement and this care provider manual, the manual controls unless the agreement dictates otherwise. In the event of a conflict between your agreement, this manual and applicable federal and state statutes and regulations and/or state contracts, applicable federal and state statutes and regulations and/or state contracts will control. UnitedHealthcare Community Plan reserves the right to supplement this manual to help ensure its terms and conditions remain in compliance with relevant federal and state statutes and regulations.

We amend the manual as policies change.

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Chapter 10: DME

This is the care provider-specific section of the manual. This section was designed to provide information and instructions specific to Durable Medical Equipment (DME) care providers.

HIPAA Compliance

As a KanCare participant, you are required to comply with compliance reviews and complaint investigations conducted by the Secretary of the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164. You are required to furnish the Department of Health and Human Services all information required by the Department during its review and investigation. You are required to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

If you receive such a request for access to or inspection of documents and records must promptly and reasonably comply with access to the records and facility at reasonable times and places. You must not obstruct any audit, review, or investigation, including the relevant questioning of your employees. You shall not charge a fee for retrieving and copying documents and records related to compliance reviews and complaint investigations.

10.1 Durable Medical Equipment Billing Instructions

Use the CMS-1500 claim form or an accepted electronic equivalent when requesting payment for DME services. Claims may be received through your Electronic Data Interchange (EDI) vendor and communicated through the OptumInsight clearinghouse (formerly Ingenix) using payer ID 96385. Paper claims may be submitted to the claims address indicated below. You may submit claims directly through the UnitedHealthcare secure provider portal at UHCprovider.com, and they may also submit claims through the KanCare Front End Billing solution as defined in KMAP General Bulletin 12115.

Paper Claim Submission Address

UnitedHealthcare
P.O. Box 5270
Kingston, NY 12401

Initial paper claims and corrected paper claims should both be submitted to this address.

Reconsideration Requests

If you have questions relating to claims payments, please contact Provider Services at 877-542-9235. A Provider Services representative may be able to assist you without requiring additional administrative work. If you are requested to submit a payment reconsideration, requests can be forwarded to:

UnitedHealthcare
P.O. Box 5270
Kingston, NY 12401

Mailing Appeals

If you have filed a reconsideration request and are not satisfied with the outcome, you may file an appeal to the following address:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Dept.
P.O. Box 31364
Salt Lake City, UT 84131-0364

10.2 DME/Medical Supply Specific Billing Information

UnitedHealthcare has specific reimbursement policies that will be applied when processing KanCare claims. You are encouraged to become familiar with these policies.

The UnitedHealthcare reimbursement policies can be found on our website at UHCprovider.com. Select *For Health Care Professionals* and select Kansas from the drop-down box. Then click on the Reimbursement Policies that link to UnitedHealthcare-specific reimbursement policies.

For specific information in regards to benefits, limitations, and covered codes under the KanCare program, please see the Kansas Medical Assistance Program (KMAP) DME provider manual. Prior Authorization information in the KMAP manual is specific to Fee for Service Members. For Prior Authorization information to members assigned to UnitedHealthcare Community Plan of Kansas, please see the following section regarding Prior Authorization information.

In the event a UnitedHealthcare reimbursement policy references services not covered under the KanCare program, the presence of those services in the UnitedHealthcare reimbursement policies is not an indication the services are covered under the KanCare program. KanCare covered services, as defined by the state, still apply. All DME claims must be billed with the ordering or referring care provider's NPI number in Field 17B or electronic equivalent.

DME Codes – Manually Priced

For DME codes that require manual pricing, UnitedHealthcare does require submission of an invoice that identifies the manufacturers retail price.

Items Requiring Prior Authorization

Prior Authorization is now required at a code-based level. To view a list of codes requiring Prior Authorization, please go to UHCprovider.com > For Health Care Professionals > Kansas > Provider Information > Prior Authorization.

Prior Authorization approval does not guarantee eligibility or payment of services. It is your responsibility to verify patient eligibility and procedure code coverage.

DME/supply requiring prior authorization will be reviewed for medical necessity utilizing UnitedHealthcare Medical Policy and MCG (formerly Milliman Care Guidelines) unless otherwise indicated. The Prior Authorization Fax Request Form is at UHCcommunityPlan.com > Health Professionals > Select State > Provider Forms. A copy of the form is also available in the Appendix. If you have questions, please contact Prior Authorization Intake at 866-604-3267.

10.3 Benefits and Limitations

Please see Chapter 3: Member Benefits for information on KanCare beneficiaries and their benefits. For specific information in regards to benefits, limitations, and covered codes under the KanCare program, please see the Kansas Medical Assistance Program (KMAP) DME provider manual. Prior Authorization information in the KMAP manual is specific to Fee for Service Members. For Prior Authorization information to members assigned to UnitedHealthcare Community Plan of Kansas, please refer to the Prior Authorization information above.