

# Durable Medical Equipment (DME)

## MSRP Guidelines



The purpose of this guide is to outline the acceptable and unacceptable documentation requirements for Manufacturer Suggested Retail Price (MSRP) invoices and appropriate procedure codes to use when submitting claims with unlisted Durable Medical Equipment (DME) procedure codes to Superior HealthPlan.

### Acceptable and Non-acceptable as a MSRP Invoice for DME Unlisted Codes Claims Processing

Superior recognizes there are instances when an unlisted or miscellaneous code may be eligible for reimbursement because a more specific code does not exist that accurately reflects the drug, supply, service or procedure rendered. Unlisted codes that are submitted for reimbursement must be accompanied with supporting documentation for Superior to determine whether services meet the member's benefit coverage and are aligned with medical necessity guidelines.

An unlisted or miscellaneous code may be submitted for a procedure or service that does not have a valid, more descriptive Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code assigned. A procedure or service may not have a CPT or HCPCS code if it is new, rare or unusual.

Texas documentation and review not needed for:

- A4335 when billed with an U9 modifier.
- B9998 when billed with modifiers U1-U5.

### Required Documentation for MSRP, Invoices, or Services Requiring Manual Pricing

MSRP and invoice documents must be clearly labeled as **"MSRP (retail pricing)"** or **"Invoice"** by the manufacturing or supply company with complete narrative or description of the item with the product number Unique Product Number (UPN).

Documents must include:

- The name of the company supplying the item clearly marked on the document.
- The date of MSRP or cost invoice clearly marked and within two years of the date of service on the claim.

The MSRP must be clearly marked to include a HCPC code for anything that requires manual pricing, this must match the claim submission.

Quotes, estimates or invoices from the manufacturer or supply company will be accepted for MSRP. The same document requirements will apply to this exception.

### Unacceptable Documentation for MRSP, Invoices, or Services Requiring Manual Prices

Unacceptable documents include but are not limited to the following:

- Documents greater than two years of the date of service on the claim.
- Documents that are unreadable.
- Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
- Documents labeled as "Delivery Ticket".
- Documents that are typed on billing company letterhead and do not contain proof of pricing per manufacturer or company supplying the item.
- Alterations to Invoices submitted for invoice-based claim pricing.

# Durable Medical Equipment (DME)

## MSRP Guidelines



### Billing Requirements

All supporting documents must be submitted in the initial claim submission, corrected claim or as an attachment when submitted through Availity, Superior's Secure Provider Portal or through the DME provider's clearinghouse.

Please review the following billing requirements prior to submitting claims:

- Claim appeals must follow the normal appeal process. However, they will be denied if they only include the MSRP or invoice, as this does not meet the criteria for an appeal.
- All billing guidelines including appropriate modifiers are to be followed.
- CMS-1500 claim form or electronic equivalent must include the description of the miscellaneous and/or unlisted code.
- Miscellaneous and unlisted codes that do not have documentation will be denied.

### Resources

For additional details regarding the information listed in this guide, please access the following resources:

- [Medicare Claims Processing Manual \(PDF\)](#)
- [Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System \(HCPCS\)](#) website