What’s in a Kit?
A Supply Show and Tell to Facilitate Billing Accuracy

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Speaker Disclosures

• The speaker(s) for this presentation have no conflicts of interest to disclose.
• Off-label and/or investigational drug uses will not be discussed during this presentation.

HCPCS History

• Established in 1978 by the Health Care Financing Administration (HCFA) - became Centers for Medicare and Medicaid Services (CMS) in 2001
HCPCS History

• HCFA The Healthcare Common Procedure Coding System (HCPCS, often pronounced by its acronym as "hick picks") is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT).

HCPCS History

• Use was largely voluntary until enactment of Health Insurance Portability and Accountability Act (HIPAA) in 1996 made them mandatory

Types of Supply Codes

• “Medicare” Supply Kits
  • The only way to bill supplies prior to having HCPC codes for Per Diems

• Per Diems
  • Not necessary to distinguish supplies since one code encompasses all
Per Diems

- Specific to therapy / frequency / route of administration
- Doesn’t matter what items are listed on the Delivery Ticket

Definitions may also be found at www.NHIA.org

Per Diems

- True definition of the codes
  - “...administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately)...”

Per Diems

- REAL definition of the codes
  - All supplies you send out will be considered under the per diem code so be careful and don’t break the bank while still taking care of your patient
Medicare Supply Kits

- REAL definition of the codes
  - All supplies you send out will be considered under the supply code so be careful and don’t break the bank while still taking care of your patient
- Sound familiar?

Great idea to send all the supplies needed to take care of your patient!

Not a good idea to overstock!
Medicare Supply Kits

For purposes of this presentation, we will be looking at the supply kits related to these Medicare Local Coverage Determinations (LCD)

• External Infusion Pumps
• Enteral Nutrition Therapy
• Total Parenteral Nutrition Therapy

Infusion Pumps

External Infusion Pump

• A4221
  • Supplies for Maintenance of drug infusion catheter, per week

  Includes but not limited to:
  • Dressing Change Kits
  • Alcohol Swabs
  • Gauze
  • Caps
  • Tubular Dressing
  • Tape
  • Flushes
A4221

External Infusion Pump

- A4222
  - Infusion supplies for external drug infusion pump, per cassette or bag

  *Includes but not limited to:*
  - Administration Sets / Tubing
  - Filters
  - Extension Sets
  - IV Pole extenders
  - Batteries
Enteral Nutrition

Enteral Feeding Pumps

- Enteral pumps available with feed and flush capabilities
- These pumps are portable and can fit into a backpack
- Schedule can be customized to meet patient's therapy and quality of life goals

Medical necessity must be documented in order for enteral pumps and supply kits to be covered.
Enteral Feeding Pumps

Enteral Nutrition

- B4034
  - Enteral Feeding supply kit; syringe fed per day...
- B4035
  - Pump fed, per day...
  - MEDICAL NECESSITY MUST BE DOCUMENTED FOR THE PUMP
- B4036
  - Gravity fed, per day...
  - Includes but not limited to
    - Feeding / flushing syringe
    - Administration set tubing
    - Dressings
    - Tape

Enteral Nutrition

Kits do not include the following:

- Nasogastric Tubes (B4081 – B4083)
- Gastostomy / Jejunostomy (B4087 – B4088)

Tubes are billed separately and no more than three are allowed in a three month period.
Enteral Nutrition

“Supply allowance HCPCS codes (B4034-B4036) are daily allowances which are considered all inclusive and therefore refill requirements are not applicable to these HCPCS codes. Refer to the Coding Guidelines section in the Policy Article for further clarification.” – Current Local Coverage Determination

B4034

B4035, B4036

Enteral Supplies
TPN

• B4220
  • Parenteral nutrition supply kit; premix, per day

• B4222 (rarely used)
  • Parenteral nutrition supply kit; home mix per day
  Includes but not limited to:
  • Tape
  • Gauze
  • Alcohol Swabs
  • Syringes
  • Empty Bags

B4220, B4222

TPN

• B4224
  • Parenteral nutrition administration kit, per day

  Includes but not limited to:
  • Administration sets / Tubing
  • Extension sets
  • Batteries
  • Catheter Care Supplies
  • Flushes
DO’s and DON’TS of “Other” Payers

For our purposes, “Other” Payers are those that are not mainstream or those not defined in the contract. For example:

- LOA agreements
- Bob’s HMO

Others

- DON’T ask if they bill by Medicare guidelines – this is open ended and can result in a multitude of answers
- DO ask if they accept “S” codes or if they utilize “A” and “B” codes.
Others

• Medicare guidelines may refer to:
  • Criteria sets
  • Coding
  • Modifiers
  • Documentation
  • Narratives

• Often times dismissed as a difference in semantics until payment is not received

Others

• DON'T ask if they want “line-item” billing

• DO ask if they accept “S” codes or if they utilize “A” and “B” codes.

“Other” Payers

• Line-Item Billing - If the payer requires HCPC codes, this does not translate into billing for every single item delivered – Why?
  • There are many different items with the supply kit codes assigned in inventory files
  • They really don’t want true line item billing if they know their codes
Exhibit Hall Navigational Tool
For Hands-on Exploration of Supply Kit Contents

Questions?