

Instructions & Forms for Submitting Non-Medicare Claims

When submitting claims to non Medicare Third Party Payers the coding remains the same. Submit E0770 for the WalkAide and A4595 for replacement electrodes. Since the WalkAide is classified as Durable Medical Equipment (DME) it will be necessary to perform prior authorizations/ and or pre-determination of benefits to insure coverage from the Third Party Payer.

Each Private insurer establishes coverage guidelines for their beneficiaries. Some payers will provide coverage policies. Other payers will review cases on a case by case basis.

Prior-Authorization Process for Third Party Payer and Medicaid

Prior Authorizations consists of two components: Precertification and Pre-determination. Prior-Authorizations can take up to two weeks. Pre-Determinations are a 30 day review process by the insurance carrier to make a determination. There are two important reasons that the Prior-Authorization process be followed. The first reason is to insure a device is a covered benefit by the Third Party Payer. The second is to insure that appropriate reimbursement will be made to clinicians. Since there is no established Medicare fee, the private payers do not have a scheduled amount to pay for the device.

- 1) ***Precertification***: Some Third Party Payers require precertification for DME devices or items that are in excess of \$1000.

For example:

A Third Party Payer may have a maximum for what will be paid out for DME or other services. They may have a \$5000 maximum per year. In which case, if a patient has exceeded or comes close to the cap; the Third Party Payer will only pay a portion of the submitted amount and the patient would be responsible for the rest. The device itself is a covered item; however, the patient has reached his or her maximum benefit available for this calendar year.

**** It is important as a provider that you verify benefits for each patient yourself as benefits can change, or a patient's insurance can terminate.**

- 2) **Prior-Authorization Requirements**: In order to prior authorize a WalkAide; specific documentation will need to be sent with the patient information to the carrier. Information that needs to be included is outlined on the WalkAide prior authorization form. (Attachment 3 Prior Authorization Form)

1. Patient information

2. Clinical information in the form of a progress note outlining the patients underlying condition
3. WalkAide Trial
4. Expected functional goals for the patient with the device.
5. DME products require a physician prescription and must be sent in order to obtain authorization.
6. Physician notes from the documenting the patient's history need to be included as well as a Letter of Medical Necessity (LMN) **** Please note that a LMN is not any specific document and clinical justification as well as medical necessity can be in the body of the physician notes.**** Examples of LMN have been included for you. (Attachment 4 LMN)

****In order for In Inc. to access records, it is critical that a clinician has signed copy by the patient acknowledgement of the HIPPA privacy rules and regulations. If the clinician does not have this on file, or is unsure, the patient will need to sign a release (Attachment 5 Patient Release of Information)**

- 3) **Pre-Determination Requirements** Pre-determinations are a prospective review to determine whether or not a procedure or device is a payable service for a specific patient under the patient's current benefit policy. As fore mentioned, a pre-determination is a 30 day review by the insurance payer. If no pre-certification is required by the health plan, Innovative Neurotronics will automatically do a pre-determination to provide reasonable assurance to the providers that the WalkAide will be paid by the Third Party Payer for their patient.

Appeals- If a case is denied by the insurance carrier, Innovative Neurotronics will assist in submitting an appeal on behalf of the clinician or the patient unless instructed otherwise by either party. Limits of appeal will be exhausted to the level of an independent review by an outside agency. At this level of appeal, patients will determine whether they choose to pursue this benefit. The clinician, patient, and physician all have the right to initiate an appeal. In some cases; patients' may not wish to appeal a case.

Billing Private Payers for the WalkAide

Many payers are covering conditions other than ISC. Other appropriate diagnosis include: MS, CP, Stroke, TBI. Private payers will need to have prior authorizations and or predeterminations done to provide assurance of coverage and payment to the provider.

The above codes would be billed to private payers unless the payer does not have the 2009 codes and specifically requests an unlisted code to be billed. (note this may occur with some Worker's compensation companies)

Requirements for Billing DME

In order to bill for DME services, practices must be an accredited or certified facility in accordance with the CMS regulations by September 30, 2009. Many providers are in the process or have already had site certification by some of the accrediting bodies such as ABC or BOC. Both agencies are able to provide additional certification for DME in addition to O & P certification. In addition, some states have additional requirements in order to sell a prescriptive device and or DME product.

****Please verify with your State Health and Safety Department if additional requirements are required to sell DME devices.**

If you have questions regarding this document please contact Innovative Neurotronics Inc. at reimbursement@ininc.us

WalkAide Reimbursement Guide

- A4595 have limits on the amount that can be billed. Medicare DME guidelines allow a one month supply to be billed for each patient.
- Other payers may allow for a greater number of electrodes to be billed as this represents a cost savings to the payer and patient.
- Medicare fee schedule is based off of DME Carrier Jurisdiction B. Rates and Allowables will vary dependent on geography.
- WalkAide procedures should be billed on separate claims. Other procedures should not be included.

DISCLAIMER

Innovative Neurotronics has provided this reimbursement guide for our customers. This guide does not replace seeking guidance for the payer or your coding staff. The responsibility for correct coding is that of the provider of service. Please contact your local payer for any interpretation of coding for any device or procedure. Innovative Neurotronics Inc. makes no guarantees that the use of this information will prevent disputes from Medicare or other Third Party Payers as to correct coding or the amount that will be paid to providers.

Attachment 3

WalkAide Prior Authorization Form

Clinician Name and Title _____

Name of Facility _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Fax _____ Contact Person at Office _____

NPI Number _____ Tax ID# _____

Patient Demographics

Patient Name _____

Patient DOB _____

Patient Address _____

Patient Phone _____

*** If a Legible copy of the insurance card is sent front and back you do not need to fill out the insurance portion.**

Type of Insurance (circle one)

Health ins Medicare Medicaid Worker's Comp Disability Other

*Primary Insurance _____

Primary Insurance ID# _____

Secondary Insurance _____

Secondary Insurance ID # _____

Customer Service/Claims Phone number _____

W/C Case Manager and Phone number _____

Patient Clinical Information

Please provide clinical notes reflecting trial of the WalkAide.

Diagnosis (other than foot drop) Please give the underlying cause of foot drop.

Date of Onset of Illness or Disease _____

Stroke _____ Level of impairment or ADL status _____

CP _____

MS _____ Level of disease _____

Incomplete Spinal Cord _____ TBI _____

Other (please indicate condition) _____

Referring Provider

Please provide a copy of the prescription from the physician and letter of medical necessity if available. For medical necessity please address anticipated outcomes or goals for the patient. (increase independent ADL status, improved gait, etc.)

Physician Name _____

Address _____

Phone _____ TIN# _____

Please fax the above form with a copy of the insurance card, clinical information, and prescription to In Inc. at 512 721 1970 or reimbursement@ininc.us

If you have any questions please contact reimbursement@ininc.us at 512 721 1911.

You will be notified on a weekly basis of the status of any prior authorizations sent to In Inc.

Attachment 4

Sample Letter of Medical Necessity

Date

Payer A
1111 South Street
Anytown, USA

Re: Jane Doe
ID # 123 55-5555

To Whom It May Concern:

Jane Doe is a 63-year old female who is continuing to recover from a stroke (CVA) she suffered on January 5, 2005.

Jane current presents with significant disruptions to both her walking ability and walking potential. Her inability to dorsiflex during ambulation has limited her ability to perform normal activities without extreme fatigue due to her inefficient gait pattern as a result of her foot drop.

I have referred her to _____ Prosthetics for an evaluation. Ms. Doe trialed the WalkAide and had good results. She was able to achieve dorsiflexion of her foot which allows for foot clearance and a more normalized, efficient gait pattern.

In addition to her functional goals, we expect to improve the ability for Ms. Doe to increase her ADL status to a more independent status.

Some of the goals for Ms. Doe are listed below:

- Increase mobility and independence
- Increase safety during gait preventing falls due to better foot clearance
- Increase walking activities that can be performed
- Increase the ease and security of doing walking activities
- Maintain or regain range of joint motion
- Decreases the need for personal assistance
- Dorsiflex the ankle at the optimum time during the gait cycle to improve limb clearance during swing
- Decrease energy expenditure/effort

(may or may not be appropriate for the patient) Jane currently uses a solid ankle-foot orthosis (AFO) to address a foot drop condition. The AFO was provided in January of 2005 and is in need of replacement due to change in functional abilities, weight loss, wear and tear, and change in prescription.

Based on my clinical evaluation, the WalkAide is the most appropriate treatment option for Jane given her current medical condition. We are requesting authorization for the WalkAide.

Sincerely,

Dr. Jones

Attachment 5

Release of Medical Information and Insurance Information

The purpose of this authorization is to aid you the patient and your provider in obtaining reimbursement from your insurance company for the WalkAide device.

_____ I give permission for my healthcare provider to release medical information to Innovative Neurotronics Inc. for obtaining prior authorization for the WalkAide device.

_____ I give permission to Innovative Neurotronics Inc to release my medical information to my insurance company.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to this office (my clinician and provider of service) However, any revocation is not effective to the extent that Innovative Neurotronics has relied on the use of disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of such information and may no longer be protected by federal or state law.

I understand that I have the right to:

- Inspect a copy of the protected medical information to be used or disclosed as permitted under federal or state law; and
- Refuse to sign this authorization

Signature of Patient or Patient Representative

Date
