



VALLEY SCHOOLS WORKERS'  
COMPENSATION GROUP

VALLEY SCHOOLS  
INSURANCE GROUP

VALLEY SCHOOLS  
EMPLOYEE BENEFITS GROUP

To whom it may concern,

I have a question for the upcoming public comments for FS proposal.

As we prepare for the upcoming FS changes, there is a change in the DME HCPCS guidelines that state:

7. Services and materials that are listed as By Report, ~~or~~ have no listed value, or are not included in the fee schedule; ~~shall be reimbursed based on~~ shall be accompanied by documentation to support the amount billed. Reimbursement may be based on a predetermined agreement between the provider and the payer. ~~HCPCS codes representing professional services that are not listed in the fee schedule may be reimbursed based on a predetermined agreement between the provider and the payer.~~

Can the ICA please give some additional information, or more clearly state the reimbursement method for DME BR charges? This line says it shall be accompanied by documentation to support, however there is no clear guidance or wording on how payment may be determined. This can be misinterpreted differently by the payer vs the provider.

Is payment determined based on invoice cost, invoice cost plus a percentage increase? Does an agreement have to be made prior to dispensing/payment?

I can also see some providers leaning towards a belief that these need to be paid in full, as long as they simply send an invoice showing their cost.

Please shed some light on this, so we can properly discuss with our Bill Review how to move fwd.

Thank you,

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