JOB AID
Processing DME Claims with PAs, Using Local W Codes

Overview

Durable Medical Equipment (DME) providers can use the NCTracks Provider portal to submit claims. This job aid shows DME providers how to complete a claim for products approved on a Prior Approval (PA) request with state/local "W" code(s).

Prior Approval Request with Multiple "W" Codes

When DME providers submit multi-line PA requests with multiple W codes (also known as Local or State code) the W codes must map to the corresponding National Healthcare Common Procedure Coding System (HCPCS) code. NCTracks will map each local W code to the corresponding National HCPCS code. The provider will use the HCPCS code multiple times on a claim for each of the local W codes from the approved PA request. Refer to **Exhibit 3.**

> Important: DME Providers must use the local W codes on the PA request – *not* the National HCPCS code.
>
> Important: Only one PA request can be referenced on a claim.

Claims billed with E1399, B9998, K0108, or A9900 HCPCS must map to the corresponding local code from the approved PA. The claim will deny with Edit 1630 when the local code does not map to the corresponding HCPCS code.

Crosswalk of Local Codes to National Codes

The following crosswalk lists local "W" codes and their corresponding National code. Note: W codes may be added or removed from the list as policies and procedures change. These codes are valid as of the date of this publication.

National Code	Local W Codes
E1399	'W4688' 'W4733' 'W4001' 'W4689' ' 'W4002' 'W4690' 'W4016' 'W4691' 'W4047' 'W4695' Note: Local procedure codes W4120, W4153, W4670, and W4678 listed for E1399 are effective for dates of service on or after 10/01/2017
B9998	'W4211' 'W4212'
K0108	'W4005' 'W4139' 'W4713' 'W4722' 'W4117' 'W4140' 'W4714' 'W4723' 'W4118' 'W4141' 'W4715' 'W4717' 'W4119' 'W4143' 'W4716' 'W4718' 'W4130' 'W4144' 'W4145' 'W4719' 'W4131' 'W4133' 'W4150' 'W4152' 'W4132' 'W4155', 'W4142'
A9900	'W4120','W4153','W4670','W4678' Note: Local procedure codes listed for A9900 are effective only for claims with dates of service prior to 10/01/2017

Submitting Claims Using W Codes

The process for submitting claims with Local W codes is the same as submitting claims using HCPCS codes, except for a few differences:

- The Prior Approval number is required on the claim
- There can be only one PA per claim
- On the claim service line, Local W codes must map to the National HCPCS code

Claim Information Screen

On the Claim information screen, when using either the National HCPCS code or Local W code, on a Service(s) line, the **Prior Auth** # field becomes required, as indicated by the red asterisk (*). Enter the Prior Approval number in the **Prior Auth** # field; even though it will not show as being required until the service lines have been entered.

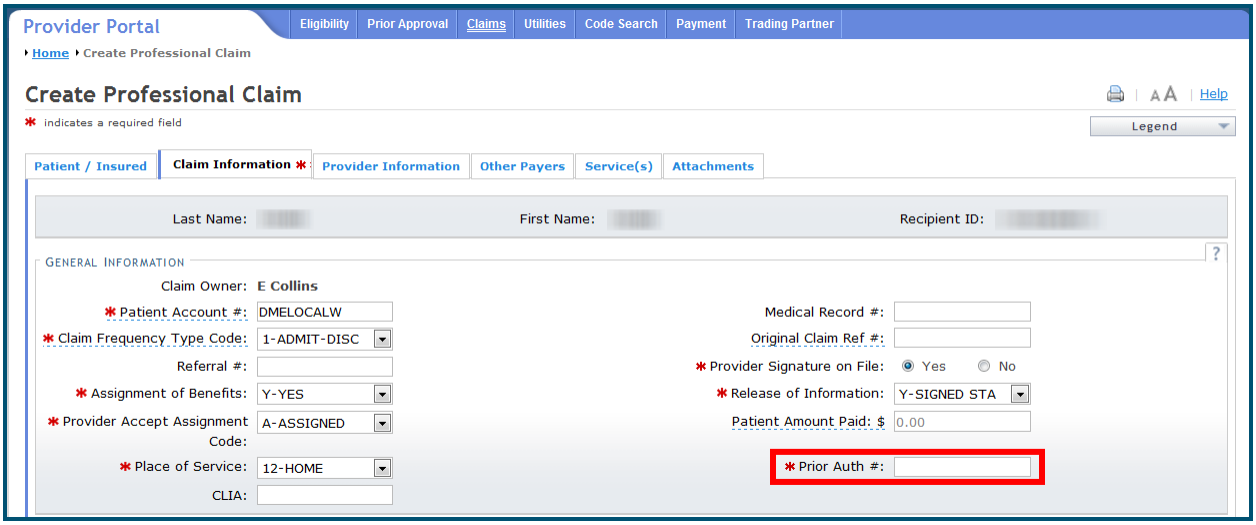

Exhibit 1. Claim Information Screen

Service(s) – Service Lines

When using one of the National HCPCS codes (E1399, B9998, K0108, or A9900) on a Service Line, the **Local Procedure Code** drop-down list displays in the Editing Row # section.

The **Local Procedure Code** drop-down list displays valid Local W codes that correspond to the National HCPCS code. There can be only one W code per Service line. When using multiple W codes, the user will need to add additional service lines with the same HCPCS code for each W code.

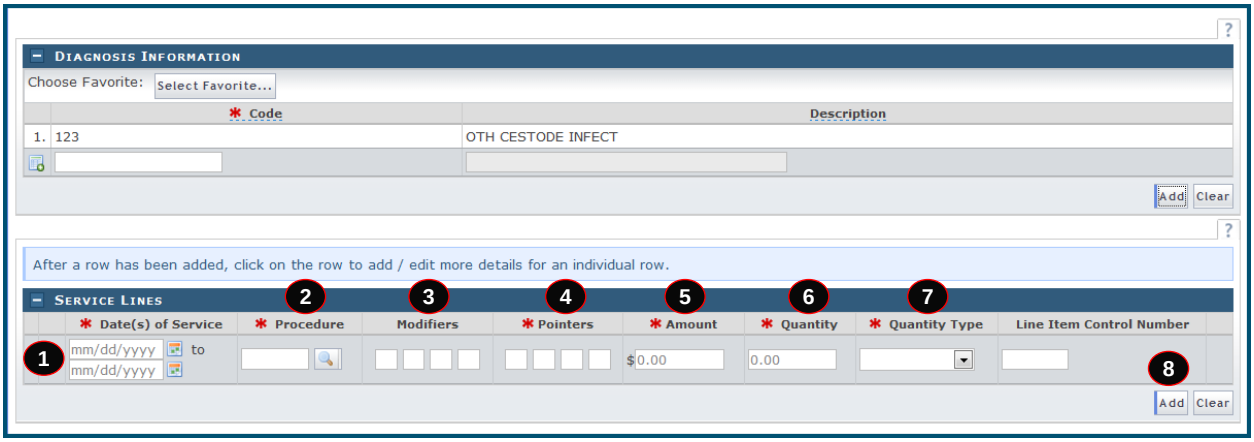

Exhibit 2. Service Lines

Step	Action
1	The **Date(s) of Service From** date and **To** date are required.
2	At least one National **HCPCS Code** is required, for example, A9900 (MISCELLANEOUS DME SUPPLY, ACCESSORY).
3	The service rendered requires a **Modifier**. A modifier further defines a HCPCS – for example, NU is New. Enter both code characters in the same field (box).
4	In the **Pointer** field, enter "1". Pointers associate the service line item with the diagnosis code row. It goes in the first box from the left.
5	In the **Amount** field, enter the billed amount.
6	The **Quantity** represents the number of units for the HCPCS code. Enter the number of units.
7	The **Quantity Type** identifies the type of measurement used in the **Quantity** field. For DME, the claims type is UN-Units.
8	If a local W code is being billed, click the Add button to assign the local W code to the National HCPCS code.

Local W Codes Selection

When the user clicks the Add button to add the row line item, the Editing Row #1 section expands. In the Service Line section, the **Local Procedure Code:** field appears and is required. Select the Local Procedure Code drop-down menu and choose the corresponding W code.

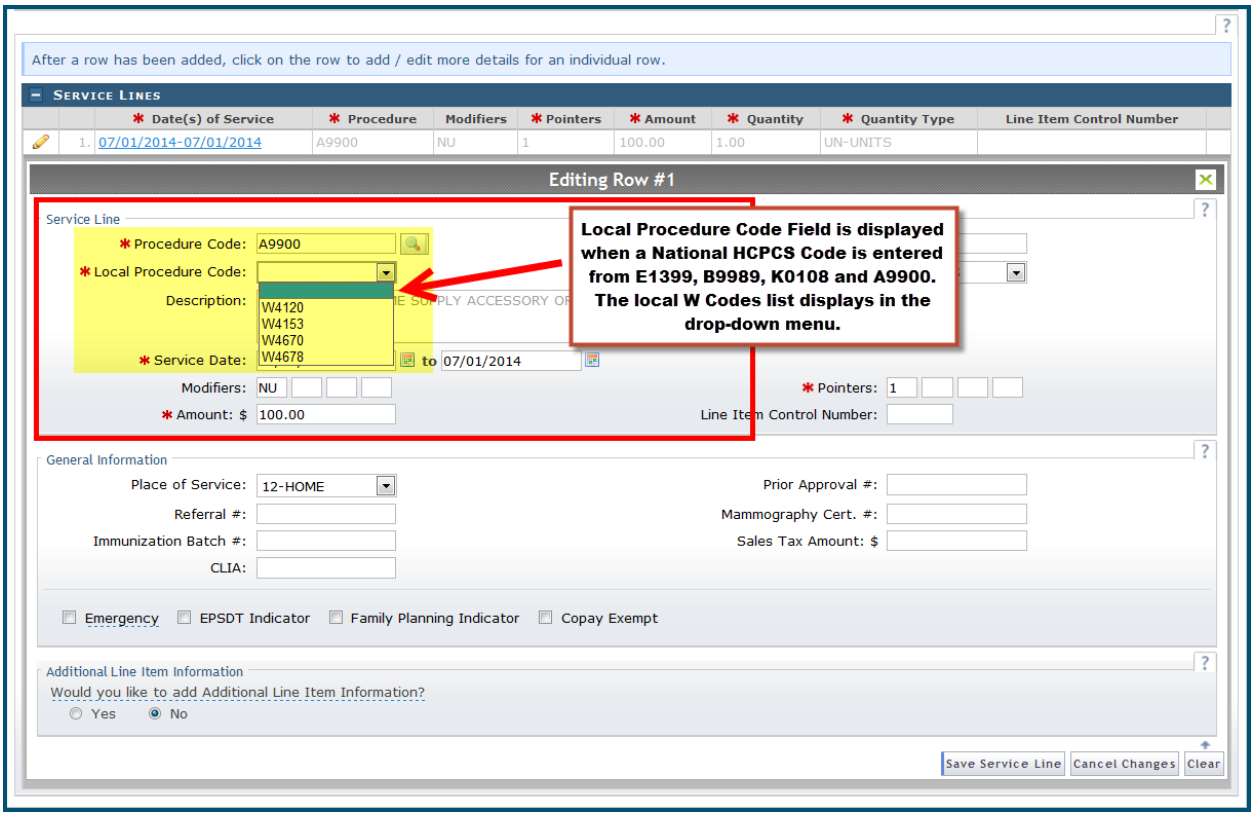

Exhibit 3. Local Procedure Code

Example of Multiple Service(s) Lines

Remember that each W code must correspond with the National Code and must be on its own Service Lines Editing Row.

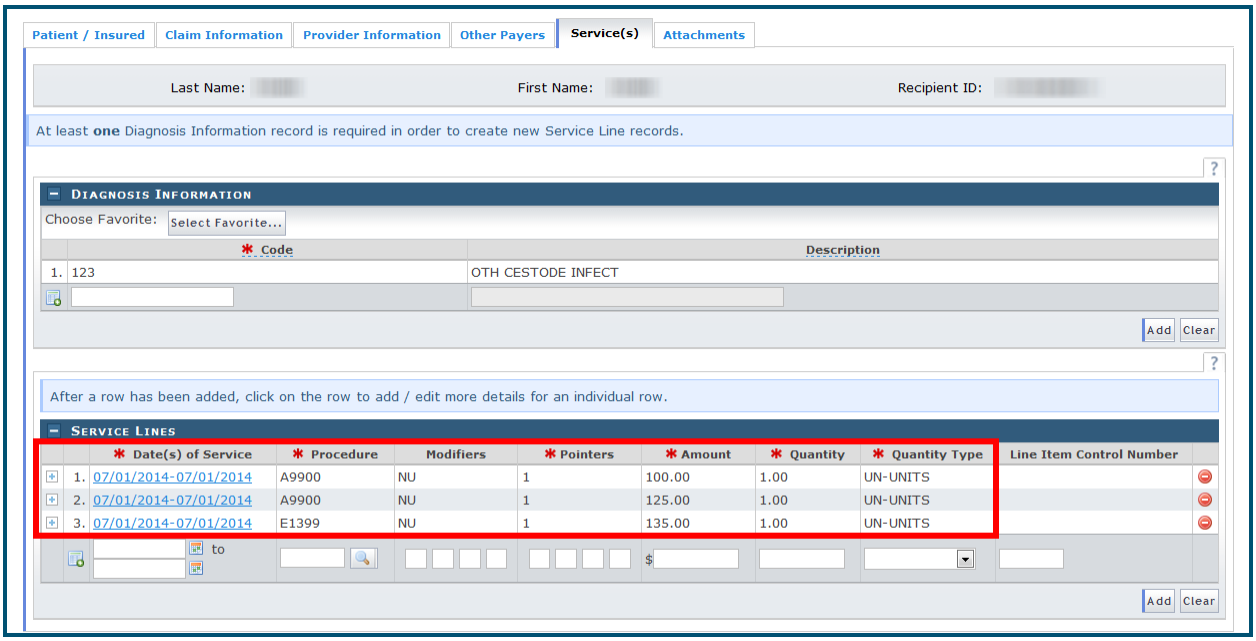

Exhibit 4. Service(s)

Claim Status Details

NCTracks compares the PA # and local codes entered on the claim to the PA database. If there is not a match the claim will deny with Edit Code 01673, If a PA is required, NCTracks will not adjudicate a claim without a Prior Authorization number.

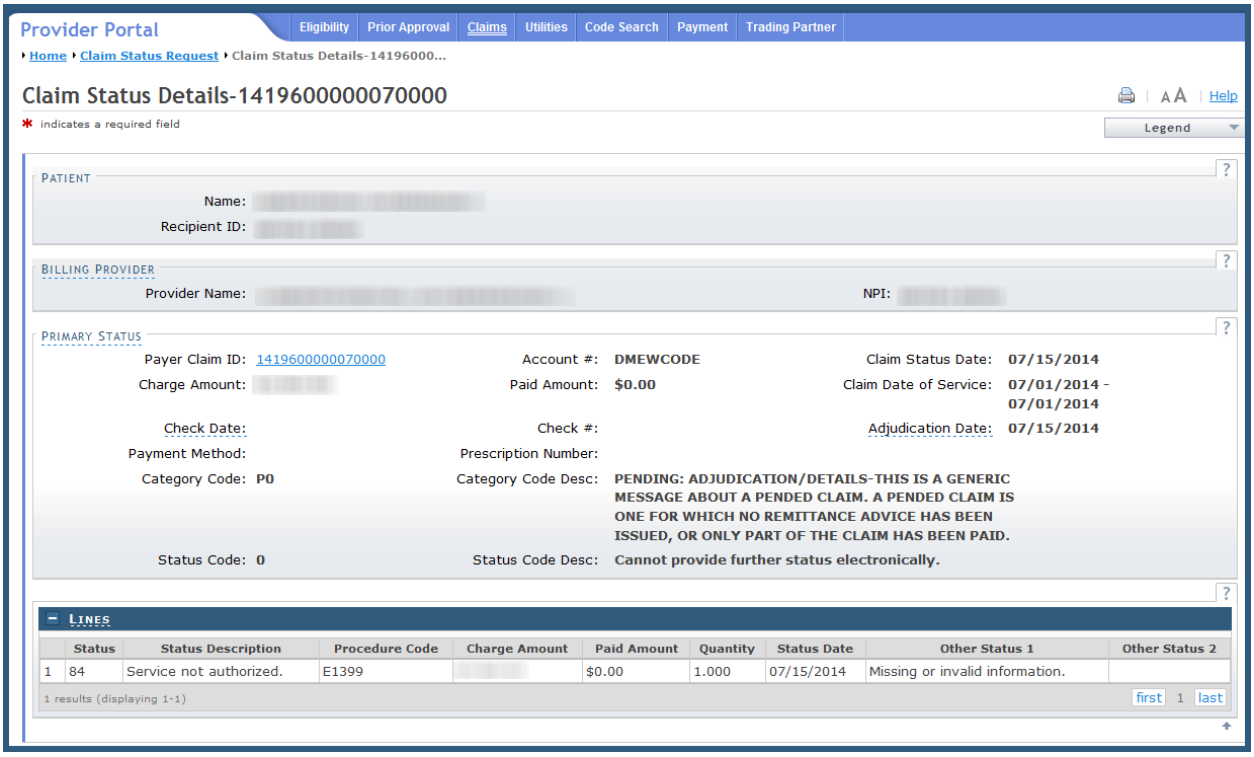

Exhibit 5. Claim Status Details

Claim Edits

Edit 0351

Claims submitted with a local W code may require manual pricing. Claims will be pended for pricing and providers will see Edit 0351 indicated on their Remittance and Status Report.

Edit 01673

Claims submitted with local codes will deny if an approved PA is not on file or if the local W code on the PA does not match the HCPCS code submitted on the claim. The user will need to re-submit the claim with the appropriate PA number and with the correct National/local W code.

When a wrong PA number is used, the claim will deny with Edit Code 01673. The user will need to re-submit the claim with the appropriate PA number and the correct National code and local W code.