

# Cubby Bed New Referrals

## Qualifying Criteria for Accepting Cubby Bed referral:

1. Payer is **not** listed on NSM's published **No Go Payer** list for Cubby Beds. Review ability to accept payer based on Payer ID vs. Common Insurance name.
  - a. Refer to NSM No Go Payer list [Click Here](#) for Cubby Beds' **Intake Screening Tool by Payer**. Plans and insurances can change over time.
2. Diagnosis' must include one of the following:
  - a. Autism F84.0
  - b. Angelman's Q93.51
  - c. Cerebral Palsy G80.0 - G80.8
  - d. Parkinson's G20.A1 – G20.C
3. Refer for OT/PT clinical evaluation, must be done prior to submission for Funding.

## When qualifying criteria is not met:

If any of the three qualifying criteria are not met (no qualifying dx, No Go Payer, or will not get PT/OT evaluation) then the client should be referred to Cubby Bed and to another provider. Cubby Bed can be reached at [hello@cubbybeds.com](mailto:hello@cubbybeds.com).

# Cubby Bed Open Orders

## Reviewing Unsubmitted and Pending Orders Scenarios:

1. Review HCPC and code for E1399 if not yet sent to Physician for signature.
  - a. For Payers that insist on using a HCPC other than the E1399, there must be a written correspondence from the Payer approving an otherwise suggested code. Additionally, there must be documentation in the Coding section of the UPD for proper coding and reimbursement. (Mass Health and Georgia Medicaid are currently the only payers).
  - b. In new scenarios in which the payer has provided written correspondence requiring use of a HCPC other than E1399, submit a Payer Service Portal ticket for Payer Relations Department to validate the correspondence can be utilized and confirm we can proceed with the payer required HCPC. Once validated, the correspondence will be uploaded to the UPD and the UPD will be updated to reflect use of the payer required HCPC code in the Coding tab.

***\*\*Massachusetts Health and Georgia Medicaid have approved Cubby Beds are the only approved payers that can use HCPC's other than E1399\****
2. Payer 1 is **not** on the No Go Payer list and bed is coded correctly.
  - a. Must be referred to an OT/PT for clinical Evaluation prior to funding submission.
  - b. If Eval was not completed, FS requests **Evaluation Reset** to move the WO back to the eval scheduling queue.
  - c. CSS schedules client for PT/OT evaluation.
3. Payer 1 is **not** on the No Go Payer list, deferral received, and no auth has been secured after two attempts.
  - a. Funding Specialist informs client that we will not continue appealing or obtaining approval.
  - b. Funding Specialist refers to **Suggested Script for Client Interaction**.
4. Pre-Submission work order **with** a Payer 1 No Go Payer
  - a. Funding Specialist requests **Evaluation Reset** to remove CBC, RTP and Eval Dates.
  - b. CSS refers to **Suggested Script for Client Interaction**.
5. Post-Submission work order **with** a Payer 1 No Go Payer
  - a. Funding Specialist informs client that we will not continue appealing or obtaining approval.
  - b. Funding Specialist refers to **Suggested Script for Client Interaction**.

***\*\*In scenarios in which the client has a payer in a secondary or tertiary position that will consider coverage when primary payer(s) deny, and the payer is NOT on the No Go Payer List, proceed with funding only when the appropriate denials from other payer(s) are received. If we are unsure of the proper denial reason(s) accepted for the payer to pay at claim, submit a Payer Service Portal ticket for Payer Relations support in researching and validating, prior to proceeding. Note: Denials for lack of medical necessity are typically not accepted by other payers for claims payment.\*\****

## Suggested Script for Client Interaction:

*Upon reviewing your benefits and coverage with your insurance plan, we have determined that your plan will not provide authorization for the Cubby Bed as it is a non-coded item. If your child qualifies medically, we may be able to pursue coverage for a different safety bed that would have traditional medical coding. Would you like to move forward with the evaluation process for one of those beds? If you would prefer to continue with the Cubby Bed but want to work with another provider please contact Cubby Bed at [hello@cubbybeds.com](mailto:hello@cubbybeds.com).*

# Cubby Bed Client Response

## Client response:

1. Client wishes to proceed with Cubby Bed and NSM unable to provide.
  - a. Suggest they contact Cubby Beds at [hello@cubbybeds.com](mailto:hello@cubbybeds.com) to find another Cubby Bed dealer.
  - b. Document in Notes field that client is opting to pursue another dealer.
  - c. E-mail note of most recent action to RTS and Branch Leader and cancel work order.
2. Client wishes to change products to different medically coded safety bed.
  - a. Inform ATP to revise ChairBuilder for new requested product.
  - b. Document Note in work order that the client has opted to go for a different bed option. E-mail note to RTS and Branch Leader.
  - c. Post-RTP Work orders, go to Request Help and select **Evaluation Reset**.
  - d. Pre-RTP Work orders, go to Request Help and select **ChairBuilder Complete**.

The screenshot displays a software interface with two main panels. The left panel, titled 'ACTIVITY DATES', contains fields for Referral, Initial Contact, Evaluation (04/11/2024), and Detail Update (04/11/2024). Below these are payer information (Payer 1: Ccs - Los Angeles (Medi-Cal)), Medicaid No. (95274507E1), and a 'Documents Completed' table with columns for Submission, Pre-Dlvry, and Delivery (04/11/2024). The right panel, titled 'PURCHASE ORDER', shows a table with columns for Generated, Issued, Cancelled, and Received, all with a value of 0. It also includes fields for First Issue Date, All PO Rcv'd Date, Delivery Verified By, Delivery Person, Delivered Date, Dlvry Requirements, Ref/Del RTS, Key Acct Mgr, AR Balance (\$5,093.55), Pay Notes (Current NPI: 1053384990), WO Reference, Status Email Recipients, and checkboxes for Client Rights & Resp, Parts Only Order, and LMN iPad. A 'Request Help' button is highlighted with a red box. A red arrow points from this button to a 'Work Order Change Request Form' dialog box on the right. This dialog box has a 'Remove Date From:' section with radio buttons for ChairBuilder Complete, Evaluation Date, Quote Conf. Complete, Initial Contact, Funding Submit, Credit Exception - Purchase, and Evaluation Reset. The 'Evaluation Reset' option is selected and highlighted with a red box. Below this is a 'Justification / Request Details' text area and buttons for Submit, Reset, and Cancel.

## Cubby Bed delivery:

1. We should use 1 technician for delivery of Cubby Beds.

For reference to this job aid and the **No Go Payer** list please see the WNSM Product Page for more details: **Departments < Product Management < Programs < Cubby Beds**