

## Coding and Pricing Check Tool

The **Coding and Pricing Check** button in the detail tab must be used each time a Funding Specialist codes and prices an order. This tool is essential for ensuring compliance with NCCI Coding/BNDL Guidelines and plays a key role in setting up the order for success as it moves through the process.

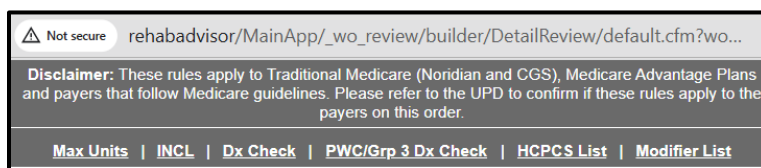
By using this tool, we can:

- Ensure that we are not billing for codes that are not allowed on new equipment.
- Confirm the correct number of billable units for each code.
- Verify that the client qualifies for diagnosis-driven components and Group 3 bases.

➤ Once the Funding Specialist has initially coded the order, they will click the Coding and Pricing check button in the Detail tab.



➤ A separate box will appear that includes several “tabs” that you can click on for information:



➤ **Max Units:** this tab will tell us when we have too many units of a HCPC per the payer. This applies to any payer that follows NCCI guidelines.

Max Units   INCL   Dx Check   PWC/Grp 3 Dx Check   HCPCS List   Modifier List					
Payer	Position	HCPCS	Have	Max Units	Over
Payer 1	HCPCS 1	E2609	8	1	7
Payer 1	HCPCS 1	E2609	2	1	1

➤ **INCL:** this tab will tell us when we need to INCL something as it is not allowed to be billed separately with another code. This applies to any payer that follows NCCI guidelines. Example K0108 cannot be billed with K0800 and would be INCL.

Max Units   INCL   Dx Check   PWC/Grp 3 Dx Check   HCPCS List   Modifier List					
Payer	HCPCS		Not Allowed		
Payer 1	HCPCS 1 - K0108		K0800		
Payer 1	HCPCS 1 - K0800		K0108		
Payer 2	HCPCS 1 - K0108		K0800		
Payer 2	HCPCS 1 - K0800		K0108		

➤ **Dx Check:** this tab will tell us when there is a component (positioning/skin protection) that the client does not have a qualifying DX for.

Max Units   INCL   Dx Check   PWC/Grp 3 Dx Check   HCPCS List   Modifier List					
Payer	HCPCS Found Missing Required ICD10				
Payer 1	E2609,E2617,K0861				
Payer 2	E2609,E2617,K0861				

- **PWC/Grp 3 DX check:** this tab tells us when a client does not have a qualifying DX for the base of the Grp 3 chair.

Max Units	INCL	Dx Check	PWC/Grp 3 Dx Check	HCPCS List	Modifier List
Payer: HCPCS Found Missing Required ICD10					
Payer 1	K0861				
Payer 2	K0861				

- **HCPCS List:** this tab gives us information on HCPCS's and their max units (there is also a link directly to PDAC in this tab)

Max Units	INCL	Dx Check	PWC/Grp 3 Dx Check	HCPCS List	Modifier List
PDAC					
Max Units	INCL	Dx Check	PWC/Grp 3 Dx Check	HCPCS List	Modifier List
E0970		Wheelchair no. 2 footplates		Each	2
E0971		Wheelchair anti-tipping devi		Each	2
E0973		W/ch access det adj armrest		Each	2

- **Modifier List:** this tab gives us a short definition of the pricing modifiers built into our system.

Max Units	INCL	Dx Check	PWC/Grp 3 Dx Check	HCPCS List	Modifier List
GA		Waiver Of Liability Statement Issued As Required By Payer Policy, Individual Case			
GD		Units Of Service Exceeds Medically Unlikely Edit Value And Represents Reasonable And Necessary Services			
GK		Reasonable And Necessary Item/Service Associated With A Ga Or Gz Modifier			
GL		Medically Unnecessary Upgrade Provided Instead Of Non-Upgraded Item, No Charge, No Advance Beneficiary Notice (Abn)			

It is important to understand that K0108 will not trigger an issue in the **Coding and Pricing check** (except with scooters). Therefore, we must be extra vigilant when reviewing codes to ensure K0108 entries in the detail tab are billable and do not require a different code or an INCL designation.

Once each tab in the **Coding and Pricing Check** has been reviewed, and any flagged issues have been corrected, the detail tab can be considered complete in the C&P steps. When used correctly this tool is highly beneficial in setting up orders for success. It helps identify potential issues that, if left unchecked, could lead to unnecessary deferrals and preventable delays for our clients.