

# Technology & Reimbursement: *How Can We Make Them Work Together?*

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NRRTS Webinar Series  
September 2022

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## What We Will Cover

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- Codes vs. Coverage
- CRT Examples
- Current Reality
- Use of Miscellaneous Codes
- Steps to be Taken

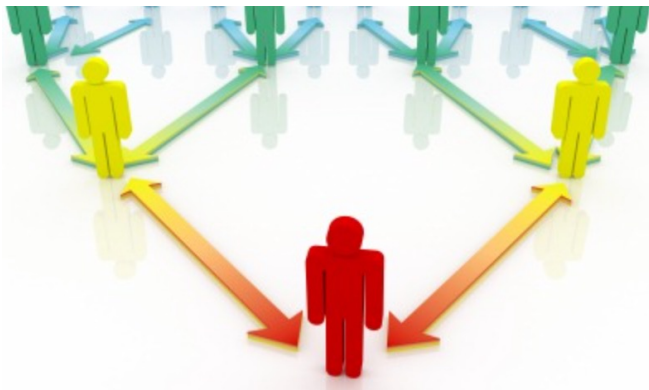
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# First Things First

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## Who is Responsible for the Codes?




- **HCPC Code:**  
Healthcare Common Procedure Coding System
- **PDAC:**  
Palmetto GBA,  
a Medicare contractor
- Some systems may allow use of other codes, but it's rare

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“Getting” a new code is not an easy feat

Then there is the allowable that is created

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How is it we go from that to this in less time than many of our codes have existed?



2007

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## Providers do not always help in promoting innovation



Fear of denials – understandable



Profit – reality



Complexity of billing something new



Time – payments can be slow

*So how do we work together?*

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## Codes vs. Coverage

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First...

A code does not mean an item is covered.

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E2300 & E2301

Power Seat Elevators & Standing Systems

Assigned Codes – but have been considered non-covered by most

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## Second...

A code does not mean the allowable (\$) is sufficient.

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### K0005: Ultralightweight MWC



- Includes carbon fiber & titanium frames
- Allowable is the same; no matter the K0005 MWC base

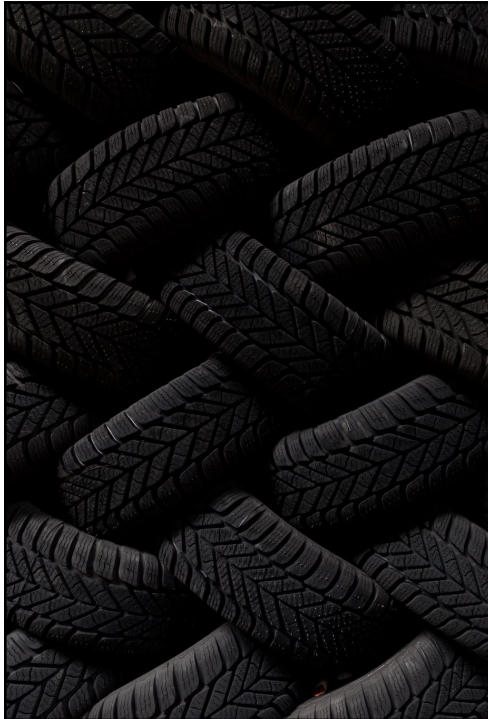
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## Third...

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Most codes were created over 25 years ago.  
Our “new” codes (PMDs and S&P) over 15 years ago.  
Technology has certainly changed during this time.

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*And it is not just key items,  
it can be small things too...*

- Think of replacement parts. In the eyes of most insurers a wheel is a wheel, a tire is a tires, and so on.

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## Can I Just Use the Miscellaneous Code?

If there is not a  
code, then yes

It cannot be used  
just because the \$  
is not enough

It does not mean it  
will be covered.

Higher chance of  
being denied

Some insurers do  
not accept the  
K0108

Some insurers may  
have their own  
miscellaneous code

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So, with all this,  
now what?

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We can't allow codes to stop us...

- From prescribing
- From developing or creating
- End-users will be the one's who lose

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For those that have a code & are covered, but the \$\$\$ are too low

- The hardest battle
- Speak-up, but for the right reasons
- Ask questions, and know the whole story
- What options does the patient have?

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Can we just do an upgrade?

Not so fast...

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No code,  
therefore  
forced to use a  
miscellaneous  
code (K0108)

Fight! Make the story known

HCPC codes effect all insurers, this  
must be understood

Prescribing and specialized  
clinicians are key

End-user voices are also important

*Positive example: Seat Elevator*

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Fight! Make the story known

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Prescribing and specialized  
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End-user voices are also important

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Plus...

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## Documentation



- Prescribing clinicians must be clear as to why a specific item is medically necessary for a patient and why another already coded item cannot meet those needs
- Documentation must be individualized
- Stop with the cookie-cutter/template documentation

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## Example

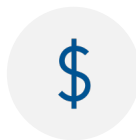
- LUCI – no set code, need to use K0108
- “Split” the order? Does not make sense when it comes to coverage.
- Indoor vs. Outdoor needs
- “Drawing” a clear picture
- Judges statement during a hearing for a state plan

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## Options



VISITS WITH STATE  
REPRESENTATIVES



EDUCATE THEM AND THE  
PAYER SOURCE – BUT DO  
NOT TRY TO “SELL” THEM



APPEALS PROCESS



SALES ARE NEEDED TO  
HELP SUPPORT THE  
DEVELOPMENT OF A CODE

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## Prescribing Clinicians are Key

- What is best for your patient?
- Work with the provider to see how an item can be obtained
- Be understandable, but... your voice is what will help make changes

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Thank you!

# Q&A

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